

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 2/11/2009
IMR Application Received: 7/30/2013
MAXIMUS Case Number: CM13-0004633

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient injured his knees from a slip and fall on 2/11/09 while working as a gardener. He had multiple surgeries in or before 2011 including osteotomies, clean-up and arthroscopy. The UR denial appears to be related to the 6/25/13 report from Dr [REDACTED]. On 6/25/13 [REDACTED], MD noted increased bilateral knee pain, and that the patient's knees have been locking. The patient had Synvisc a year and a half ago, which helped. The knee pain has returned to pre-injection levels. The provider recommended a short course of PT to help reduce the patient's symptoms. Hydrocodone 10/325mg #60 was recommended for breakthrough. Proteolin #60 for anti-inflammatory as it avoids some of the side effects associated with anti-inflammatories. Tramadol for pain and Cartivisc for joint nutrition were also recommended.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Error! Reference source not found. is medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Opioids for Chronic Pain, which is part of the MTUS

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend the use of Opioids for pain that has not responded to first-line recommendations. According to the medical records provided for review, on 4/16/13

the employee complained of worsening knee symptoms. The employee was taking Tramadol for pain and prescribed Tylenol 3 for breakthrough pain. On the follow-up on 6/25/13 the employee still complained of worsening pain. The provider changed Tylenol 3 to Norco 10/325 mg for break through pain. It appears to be the first time it was prescribed after the Tylenol 3 failure. This would appear to be an appropriate trial. **The request for Hydrocodone/APAP 10/325mg #60 is medically necessary and appropriate.**

2. Tramadol/APAP 37.5/325mg #100 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines state: "If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." According to the medical records provided for review, Tramadol does not appear to be making any difference in the employee's pain. There is no reporting of this medication decreasing the employee's pain levels, or improving function or quality of life. It appears the employee has been worsening since 4/16/13, despite addition of medications for breakthrough pain. Tramadol has not been shown to provide a satisfactory response by MTUS standards, therefore it cannot be recommended to be continued. **The request for Tramadol/APAP 37.5/325mg #100 is not medically necessary and appropriate.**

3. Proteolin #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Pain Chapter, section on Medical Foods.

The Physician Reviewer's decision rationale:

MTUS/ACOEM does not discuss "Proteolin". Proteolin is a mixture of foods, milk protein, turmeric, bromelain and piperin. It is not classified as a drug and, therefore cannot claim to treat, cure or prevent any disease. The Official Disability Guidelines (ODG), Pain chapter does have a section on "Medical Foods", but to qualify the product must be labeled for dietary management of a specific medical disorder or condition for which there are distinctive nutritional requirements. The request is not in accordance with ODG guidelines. The physician states Proteolin was for the knee as an anti-inflammatory. The rationale was that there were potentially less side effects than on traditional anti-inflammatories. However, on looking through the medical records provided for review, it appears the employee was using Naproxen back in 2010

without any side effects. There does not appear to be a rationale to deviate from ODG guidelines. **The request for Proteolin #60 is not medically necessary and appropriate.**

4. A series of 8 Physical Therapy Sessions is medically necessary and appropriate.

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 98-99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend 8-10 sessions of PT for various myalgias or neuralgias. According to the medical records provided for review, the employee has had worsening symptoms since 4/16/13. The employee has not had PT since the exacerbation. The request appears to be in accordance with MTUS guidelines. **The request for 8 physical therapy sessions is not medically necessary and appropriate.**

5. X-Ray of the Bilateral Knees is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, section on Knee and Leg (Acute and Chronic) which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pages 341-343, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The ACOEM guidelines state, "Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." According to the medical records provided for review, the employee already underwent knee surgery, and had a recent exacerbation, with clicking and locking of the right knee and complaints of pain over the palpable surgical hardware. This can potentially be a red flag. The orthopedic surgeon should be allowed to evaluate this. **The request for X-Ray of the bilateral knees is medically necessary and appropriate.**

/MCC

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[REDACTED]

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