

Case Number:	CM13-0005761		
Date Assigned:	06/09/2014	Date of Injury:	09/26/2003
Decision Date:	10/08/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The injured worker is a 59 year old male with a reported date of injury on 01/22/2003. The mechanism of injury occurred when he became crushed between a wall and a forklift. The diagnoses included chondromalacia of the patella, pelvic fracture, and traumatic neuropathy. The past treatments included pain medication and surgery. There was no diagnostic imaging submitted for review. The surgical history consisted of open reduction and internal fixation of the pelvis and left hip. The note on 06/06/2013 was hand written and difficult to decipher. The subjective complaints on 06/06/2013 included pain to the back and legs with increasing pain to the left knee. The physical examination noted left knee subpatellar crepitus with passive flexion and extension and right ankle dorsiflexion of 10 degrees. The medications included Neurontin and Baclofen. A request was received for Baclofen 10 mg #100 With 3 Refills Qty: 400 and Neoprene Knee Sleeve/Pad (Purchase). The treatment plan, rationale, and the request for authorization form were not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #100 with 3 Refills Qty: 400: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 23, 64, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 64.

Decision rationale: The California MTUS Guidelines state Baclofen is used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries. The injured worker has chronic low back and bilateral leg pain. There was no clear documentation in the notes that he has spasms. Additionally, the request as submitted did not provide a frequency. In the absence of documented muscle spasms, the request is not supported by the guidelines. As such the request is not medically necessary.

Neoprene Knee Sleeve/Pad (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California MTUS/ACOEM Guidelines state a brace can be used for patellar instability, anterior cruciate ligament tear, or medical collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. The injured worker has chronic low back, bilateral leg pain and left knee pain. There is no clear documented evidence that the injured worker is stressing the knee under load. Additionally, the guidelines state that bracing is usually unnecessary. As braces are not supported by the guidelines, the request is not supported. As such the request is not medically necessary.