

Case Number:	CM13-0022349		
Date Assigned:	11/13/2013	Date of Injury:	02/25/2006
Decision Date:	01/15/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/10/2013

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 Pain Medicine, and is licensed to practice in Oklahoma, Texas, and 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. 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 patient is a 75-year-old male who reported an injury on 02/25/06 that came about when he was moving a box and twisted his left knee. The patient had a positive patellofemoral compression test and positive crepitation. The diagnoses include left knee twisting injury and a medial compartment Degenerative Joint Disease (DJD) left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left knee performed on 3/11/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The ACOEM Guidelines indicate that special studies are not needed until after a period of observation and conservative care. The patient's injury was reported in 2006; he was noted to have pain symptoms including clicking, popping, weakness, and pain rated at a 3. The patient had a total knee replacement in 2010. The physical examination indicated that the patient had a positive patellofemoral compression test and positive crepitation, as well as a

mildly antalgic gait. The patient was noted to have the same findings on 10/23/12. The clinical documentation submitted for review failed to provide a clear rationale for performing the x-ray as the patient's injury was in 2006. Given the above, the x-ray performed on 03/11/13 is not medically necessary.

Arthrogram of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter - MR arthrography (online version).

Decision rationale: The California MTUS/ACOEM Guidelines do not address Magnetic Resonance (MR) arthrography; however, the Official Disability Guidelines recommend MR arthrography postoperatively to help diagnose a suspected residual recurrent tear, or for meniscal repair/meniscal resection of more than 25%. The patient was noted to have pain symptoms including clicking, popping and weakness and pain rated at a 3, and had a total knee replacement in 2010. The physical examination revealed that the patient had a positive patellofemoral compression test and positive crepitation. The patient had a mildly antalgic gait. The patient was noted to have the same findings 10/23/12. The clinical documentation submitted for review failed to reflect that the patient had a necessity for an MR arthrography, nor did they provide a clear rationale for the request. Given the above, the request for an arthrogram of the left knee is not medically necessary.

Diclofenac XL #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS Guidelines indicate that Diclofenac XL is an NSAID, and NSAIDs are recommended to be used at the lowest effective dose for the shortest duration of time consistent with the individual patient treatment goals. The patient was noted to have pain symptoms including clicking, popping and weakness and pain rated at a 3. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. Given the above, the request for Diclofenac XL #60 is not medically necessary

Nizatidine #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Drugs.com Page(s): 69.

Decision rationale: The California MTUS/ACOEM Guidelines do not address Nizatidine specifically. Per drugs.com, Nizatidine is a histamine-2 blocker used to treat ulcers in the stomach and intestines. The California MTUS Guidelines recommend treatment of dyspepsia secondary to NSAID therapy with PPIs. The clinical documentation submitted for review failed to provide the efficacy of the requested medication, and failed to provide documentation that the patient had signs or symptoms of dyspepsia. Additionally, as the request for Diclofenac XL was not approved, this medication would not be necessary.