

Case Number:	CM13-0027192		
Date Assigned:	11/22/2013	Date of Injury:	04/20/2010
Decision Date:	01/28/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/20/2013

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 Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina, and Pennsylvania. 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:

██████████ is a 28-year-old female who injured her knee back in 2010 and had subsequent MRIs dated 05/28/10 and December of 2011. Interestingly, the 05/28/10 imaging does not demonstrate significant meniscal pathology or any other pathology for that matter. However, on 07/01/11, the MRI documents a healing stress fracture to the medial proximal tibia and mild healing patellar tendon strain. There is no history provided through the records to explain this interval change. The claimant has been treated with conservative measures inclusive of an intraarticular steroid injection to the right knee in June of 2013, antiinflammatory medications, therapy, and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedural Summary, MRI.

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

Decision rationale: Repeat of an MRI of the knee is reasonable and appropriate to consider further evaluation of stress fracture or possibly evolving osteonecrosis within the knee. Her symptoms have persisted despite multiple attempts at conservative care and given documentation of pathology on prior imaging it would be reasonable to reevaluate at this point in time. It is for this reason, repeat MRI scan is reasonable.

Bone scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedural Summary.

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

Decision rationale: Bone scan is not reasonable and appropriate given the clinical parameters in this incidence. This is a knee and it is unclear what diagnostic information a bone scan may provide in this particular specific circumstance. This is supported by CA MTUS guidelines which document MRI as a more effective tool with respect to diagnostic consideration of the knee.

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs Page(s): 31-32.

Decision rationale: CA MTUS with respect to criteria for functional restoration programs, "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change". A functional restorative program was not indicated as the anatomy and problem are not well defined within the medical records. Therefore, the prognosis cannot be defined and subsequent functional restorative program is not indicated.

Ibuprofen 800mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Ibuprofen 800 mg tablets are not indicated. Given that there is evidence of a stress fracture, an anti-inflammatory medication would be contraindicated. There is no evidence of degeneration within the knee per MRI findings; CA MTUS guidelines allow for the use of NSAIDs in the setting of "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain". The clinical setting in this case is not consistent with that recommended by CA MTUS and as such the requested ibuprofen would not be considered as medically necessary.

Vicodin 5-500mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids Page(s): 75.

Decision rationale: The Vicodin, the narcotic pain medicine, is not indicated given the chronicity of this problem. This is for acute or subacute pain management; C AMTUS states, "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain". At this time there is a chronic condition and the records do not reflect apparent functional improvement such that would warrant the continued long-term use of this medication. Other treatment options should be considered.

Pennsaid 1.5% solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112.

Decision rationale: NSAID solution is not clinically efficacious and has not been demonstrated in the literature to provide any benefit and would be considered experimental or investigational. CA MTUS with respect to topical NSAIDs states "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration". Based on the fact that this individual has been utilizing this topical solution without any apparent benefit, and in that efficacy in clinical trials has been inconsistent, then the requested Pennsaid topical solution cannot be recommended as medically necessary.

