

<b>Case Number:</b>	CM13-0031760		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/31/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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. 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:

Per the medical records received, the patient is a 51 year-old female. She was injured by turning in office chair, hitting her left knee on the file cabinet, and falling down, twisting her ankle and injuring her left knee. This happened while at work on 07/31/11. Patient was diagnosed with left knee chondromalacia, ankle/foot sprain. Consequently, on 11/14/12, patient underwent left knee arthroscopy with [REDACTED]. Post-operatively, patient received multiple therapy sessions with improvement. However, patient continued with chronic left ankle sprain, reported instability when walking with no surgical intervention. She has been prescribed the following medications: Anaprox DS, Ultram, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPT S5001 - prescription drug, brand name:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The request for CPT S5001 - prescription drug, brand name, is not medically necessary since there was no medication specified.