

Case Number:	CM13-0032475		
Date Assigned:	12/11/2013	Date of Injury:	01/11/2013
Decision Date:	01/24/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 38-year-old female who reported an injury on January 11, 2013. The mechanism of injury was noted to be a fall. The patient's symptoms include pain and instability in the right knee. However, it is noted that her symptoms were improving with physical therapy and the use of a TENS unit. Her diagnosis is noted as right knee strain. Objective findings include mild prepatellar effusion, lateral joint line tenderness to palpation, limited range of motion, and positive McMurray's test laterally for pain and crepitus. Her medications are noted as Naprosyn 2 tabs to 3 tabs a day and Biotherm topical cream twice a day. It is noted that the use of these medications brings her pain level to a 4/10 to 5/10 from a 7/10. Objective findings on her most recent exam dated August 12, 2013 showed limited range of motion with flexion at 130 degrees and extension at 0 degrees, positive McMurray's test, and decreased strength to 4/5 in the quadriceps on the right side. A recommendation was made for an MRI of the right knee to rule out a meniscal tear as she was noted to have continued weakness and functional loss. A right knee brace was also requested in order to stabilize her right knee as well as to prevent re-injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 2.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI's (magnetic resonance imaging).

Decision rationale: According to ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines further specify that soft tissue injuries such as meniscal, chondral surface injuries, and ligamentous disruption are best evaluated by an MRI. The patient was shown to have positive clinical findings suggestive of a meniscal tear; she has failed an extensive period of conservative care including physical therapy and medications, and had normal x-rays at her initial exam. Therefore, the request for an MRI of the knee is supported by guidelines. For this reason, the request is certified.

right knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: According to the ACOEM Guidelines, an immobilizer is recommended for patients with meniscus tear if needed. The patient's most recent office note dated August 12, 2013 states that a right knee brace was needed to stabilize her knee and to prevent re-injury. Therefore, the request is supported by guidelines. For this reason, the request is certified.

Bio-Therm (Capsaicin 0.002%) 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical information submitted for review failed to give examples of previous treatment options which the patient did not respond to or was intolerant to in order to warrant the use of topical capsaicin. For this reason, the request is non-certified.