

Case Number:	CM13-0037480		
Date Assigned:	12/13/2013	Date of Injury:	01/02/2013
Decision Date:	04/29/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 employee, a 47-year-old woman, with bilateral knee complaints since 1/2/13, when she slipped and did not fall and her knee locked. Report five days after the incident notes that her left knee gave out and she twisted her knee with resultant left knee and low back pain. She had a prior right knee work injury, and subsequently claimed that it was because of this knee that she injured the left. She completed physical therapy (5 visits and then transferred to home exercises), left knee brace and lumbar support. She was referred for MRI of the lumbar spine and left knee. Prior right knee surgery revealed arthritis. Orthopedic consultation 3/19/14 noted bilateral arthritis in the knee. She was offered an injection for her knee pain and refused it. Management has included pain management and management of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition, Web Edition, Chapter Knee

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Knee, MRIs.

Decision rationale: There is reference to an existing MRI but no results. There is no clearly stated reason why the employee is requesting an MRI or a diagnosis suggestive of the need for an MRI. Current working diagnosis is arthritis. There is no indication that surgery is being planned. Recommend denial with the information available for review.

REFERRAL TO A DIETICIAN FOR WEIGHT LOSS CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition, Chapter Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Knee, Education

Decision rationale: According to the ODG guidelines, the initial treatment of osteoarthritis should focus on patient empowerment and self-driven therapies. All patients should receive education on lifestyle changes, exercise, pacing of activities, and weight reduction. A consultation would be appropriate in helping this employee manage chronic knee pain

SERAX 30 MG QUANTITY TEN (10): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition, Chapter Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain

Decision rationale: The employee was prescribed Serax 30 mg, one tablet at bedtime as needed for insomnia. There were no parameters, in regard to an end-date for use. The ODG guidelines for pain note that benzodiazepines should only be prescribed short-term because of the risk for dependency, tolerance and side-effects. Furthermore, Serax (oxezepam) is not one of the medications recommended for use with insomnia. Lastly, this class of medications is not a first-line agent for insomnia.