MAXIMUS Federal Services

Case Number:	CM13-0039268		
Date Assigned:	12/18/2013	Date of Injury:	09/21/2011
Decision Date:	08/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 65-year-old female who reported an injury on 09/21/2011. The mechanism of injury was noted to be a fall. Her prior treatments included physical therapy, chiropractic therapy, and epidural steroid injections. The injured worker's diagnosis was noted to be bilateral knee internal derangement with right knee medial meniscal tear. Provided within this review was a clinical note dated 09/17/2013. It was noted that the injured worker continued to have severe pain with kneeling and bending. She described this pain as catching, clicking, and locking mostly in the right knee. Upon examination, the injured worker had painful range of motion throughout bilaterally, the right knee greater than the left. Range of motion with the right knee was from 5 to 105 degrees. There was medial joint line pain. There was no medial and lateral instability. There was patellofemoral pain. There was effusion. A medial McMurray's test was positive. Upon examination of the left knee, range of motion was from 5 to 115 degrees. There was medial joint line pain. There was no medial and lateral instability. There was patellofemoral pain. The treatment recommendation included an injection of Depo-Medrol mixed with lidocaine for each knee and a consideration to proceed with arthroscopic surgery. The provider's rationale for the request was not provided within the documentation. A request for authorization of medical treatment was provided and dated 09/10/2013.The injured worker is a 65-year-old female who reported an injury on 09/21/2011. The mechanism of injury was noted to be a fall. Her prior treatments included physical therapy, chiropractic therapy, and epidural steroid injections. The injured worker's diagnosis was noted to be bilateral knee internal derangement with right knee medial meniscal tear. Provided within this review was a clinical note dated 09/17/2013. It was noted that the injured worker continued to have severe pain with kneeling and bending. She described this pain as catching, clicking, and locking mostly in the right knee. Upon examination, the injured worker had painful range of motion throughout

bilaterally, the right knee greater than the left. Range of motion with the right knee was from 5 to 105 degrees. There was medial joint line pain. There was no medial and lateral instability. There was patellofemoral pain. There was effusion. A medial McMurray's test was positive. Upon examination of the left knee, range of motion was from 5 to 115 degrees. There was medial joint line pain. There was no medial and lateral instability. There was patellofemoral pain. The treatment recommendation included an injection of Depo-Medrol mixed with lidocaine for each knee and a consideration to proceed with arthroscopic surgery. The provider's rationale for the request was not provided within the documentation. A request for authorization of medical treatment was provided and dated 09/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs non-steroidal anti-inflammatory drugs), specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, specific drug list & adverse effects.

Decision rationale: The request for Toradol 50 mg #90 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state Toradol is a medication that is not indicated for minor or chronic painful conditions. The Official Disability Guidelines provide the following: Ketorolac (Toradol) is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not intended for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The documentation provided for review fails to provide an adequate pain assessment. The guidelines warrant against use of Toradol and only recommend it for a maximum of 5 days of therapy. The guidelines only recommend a maximum dose of 40 mg. The request for Toradol 50 mg #90 fails to provide a frequency. As such, the request for Toradol 50 mg #90 is not medically necessary.