

Case Number:	CM13-0043651		
Date Assigned:	02/20/2014	Date of Injury:	02/08/2013
Decision Date:	06/26/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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 37-year-old male who reported injury on 02/08/2013. The mechanism of injury was the injured worker was working as a bartender and 2 guests were involved in an altercation. The injured worker attempted to help the bouncers by breaking up the fight and the injured worker put a great deal of weight on his left knee to push the 2 guests away and the left knee gave out. The documentation of 10/15/2013 revealed the injured worker had complaints of left knee and shin pain as well as numbness in the left shin. The pain radiated to the thigh and foot. The objective physical examination revealed the injured worker ambulated with a limp and the injured worker squatted fully with pain in the medial/lateral left leg. Heel walking was performed with a limp on the right. Toe walking was performed with an increased limp on the right. Hip flexor strength was 4/5 on the left with right hip flexed at 90 degrees the right and left knee lacked 15 degrees of full extension. There was mild swelling over the left shin at the surgical scar. The injured worker underwent a left bicondylar tibial plateau open reduction and internal fixation on 02/13/2013. The diagnoses included status post comminuted tib/fib fracture left leg and status post ORIF of the comminuted tib/fib fracture. The treatment plan included pool therapy, CT scan, and Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATIONS: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate that comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate, prescribed pharmaceuticals or physical methods can be added. The clinical documentation submitted for review failed to provide the documentation of the exact medications, frequencies, quantities and strengths, that were being requested. As such, there could be no application of specific guidelines to support or decline the use of the medications. There were no medication names, dosages, or strengths provided for the request. Given the above, the request for medications is not medically necessary.