

Case Number:	CM13-0055025		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2013
Decision Date:	07/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 26 year old woman with a date of injury of 6/12/13. She was seen on 9/30/13 by her primary treating physician for an orthopedic consultation of her left knee. She was able to work with restrictions and had been receiving physical therapy. She reported constant left knee pain aggravated by movement and she was wearing a knee brace. Physical exam of her left knee showed she was mobile with a normal gait. She had patellar facet and femoral condyle tenderness. Her extension was to 0 degrees and flexion to 125 degrees. She had a positive patellofemoral compression and apprehension sign on the left. Her strength was normal. Her diagnoses were left knee injury with possible patellofemoral subluxation, rule out torn medial meniscus. At issue in this review are NSAID medications, compounded medications and 12 sessions of power laser therapy which are not detailed in the records. She underwent computerized range of motion as part of her evaluation of knee flexion and extension (as stated above) which is also at issue in the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of high power laser therapy: 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): 335-339.

Decision rationale: This injured worker has chronic left knee pain. At issue in this review are 12 high power laser therapy sessions. It is not clear from the notes if this is the inferential unit that was ordered or a different type of therapy. The records do not provide enough information to substantiate medical necessity.

Unknown NSAIDs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This 26 year old injured worker has left knee pain with minimal limitations in range of motion noted on physical examination. Her medical course has included treatment modalities including therapy and long-term use of several medications including tramadol and nabuliton. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. The medical records fail to document a discussion of pain, side effects or functional status to warrant use. The request is also for an unknown quantity and type of NSAID and the records do not provide enough information to substantiate medical necessity.

Unknown compound medications: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding compounded medications in this injured worker, the records do not provide clinical evidence or enough information to support medical necessity in addition to her current medications. The request is also for an unknown quantity and type of compounded medications.

Computerized range of motion: 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): 335-339.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding compounded medications in this injured worker, the records do not provide clinical evidence or enough information to support medical necessity in addition to her current medications. The request is also for an unknown quantity and type of compounded medications.