

Case Number:	CM13-0060157		
Date Assigned:	01/15/2014	Date of Injury:	01/28/2011
Decision Date:	06/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine 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 Patient is a 44-year-old female with date of injury of 01/8/2011. The patient underwent arthroscopic surgery of the left knee on 08/21/2013 where it was discovered that the patient had a torn medial meniscus, a possible tear of the left lateral meniscus, degenerative joint disease, and chronic synovitis. The medical record associated with the request for authorization, a primary treating physician's progress report date 11/21/2013, lists subjective complaints as continued frequent pain, limited range of motion, weakness and limp in the lower extremities. Patient has noted increased left ankle and foot pain. Objective findings: Examination of the left knee revealed a slight limp. Tenderness to palpation was present over the medial joint line greater than the lateral joint line. Tendon compression revealed slight patellofemoral crepitus. Range of motion for the left knee measured as follows: flexion 130 degrees, extension 0 degrees. There was left ankle/foot tendon and posterior tibial tendon pain with dorsiflexion/eversion. Plantar fascial pain with great toe extension was also noted. Diagnosis: 1. Lumbar musculoligamentous sprain/strain and right sacroiliac joint sprain with right greater than left lower extremity radiculitis. The medical records provided for review, document that the patient has been taking the following medications for at least as far back as 02/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS (CYCLOBENZAPRINE), Page(s): 64.

Decision rationale: The patient has been taking Fexmid since at least February 2013. The Chronic Pain Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. Therefore, Fexmid 7.5mg is not medically necessary.

2 VIEW X-RAY OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG (ACUTE & CHRONIC), RADIOGRAPHY (X-RAYS)

Decision rationale: According to the medical records, the physical examination failed to reveal any evidence of joint effusion, swelling, ecchymosis, deformity, increased warmth, or abrasion/laceration. The findings documented on the chart note, failed to meet the minimum criteria stated in the Official Disability Guidelines for x-ray imaging of the knee. Therefore two (2) view x-ray of the left knee is not medically necessary.