

Case Number:	CM13-0060544		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2006
Decision Date:	06/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery 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 claimant is a 66-year-old female injured on November 8, 2006. The clinical records available for review include an October 23, 2013, progress report documenting ongoing low back complaints and knee pain. The claimant was also noted to have underlying shoulder issues, for which an injection had been offered but declined by the claimant. The records document current treatment with Tramadol and a knee brace. Physical examination findings of the shoulder showed positive impingement and crossover impingement testing with positive Hawkins and Apley tests. There was positive Tinel's, Phalen's and Durkan's testing at the wrists bilaterally. In the right knee, tenderness over the medial aspect with palpation and positive patellar grinding were documented. Working diagnoses of degenerative joint disease of the right knee, left foot plantar fasciitis, bilateral carpal tunnel syndrome and degenerative joint disease of the right shoulder were noted. This request is for continuation of Tramadol, a right knee brace and a six-week orthopedic follow-up assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60 WITH TWO REFILLS: 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 Opioids
Page(s): 75, 91-94.

Decision rationale: Based on California MTUS Guidelines, the request for Tramadol would not be supported. The Chronic Pain Guidelines do not recommend the use of this agent for more than 16 weeks in the chronic setting. The reviewed records suggest that the claimant has been utilizing Tramadol for a period of time in excess of 16 weeks. Its continued use with no documentation of significant benefit would make this request medically unnecessary.

A RIGHT KNEE HINGED BRACE: 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): 340.

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for a hinged knee brace would not be supported. ACOEM Guidelines criteria do not recommend the use of a knee brace for the diagnosis of degenerative joint disease. The records in this case do not document other forms of treatment, formal imaging or, more importantly, current physical findings that indicate instability, for which a knee brace would be recommended. Therefore, this request is not medically indicated.

A FOLLOW UP APPOINTMENT AFTER SIX WEEKS FOR THE PSYCHE, KNEE AND RIGHT SHOULDER/ARM: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for a six-week follow-up to evaluate the claimant's multiple orthopedic complaints, including those related to the knees and upper extremities, and psyche would be supported as medically necessary. The claimant is currently under treatment for apparent hand, wrist, knee and shoulder complaints, as well as underlying mental issues, as the result of a work-related accident. Given the continued subjective complaints and positive clinical findings, the request for orthopedic follow-up and psyche evaluation would be medically indicated.