

Case Number:	CM14-0002035		
Date Assigned:	05/07/2014	Date of Injury:	05/19/2012
Decision Date:	06/16/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 American Board of Orthopaedic 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 patient is a 45-year-old female who was injured on May 19, 2012. Diagnoses include lumbar spine strain/sprain with lower extremity radiculopathy; a degenerative pars defect on the right at L5-S1; right hip trochanteric bursitis; right knee sprain; right ankle sprain. The June 3, 2013 progress note indicates the patient is utilizing Tylenol #3 for pain. The clinician indicates the review of previous x-rays of the lumbar spine and left ankle was performed. There is no mention of knee radiographs. An MRI of the right knee is documented as having been performed on September 5, 2013. This imaging study demonstrated mild patellofemoral chondromalacia. The remainder the examination is normal with the exception of scarring of the infrapatellar Hoffa's fat pad and joint effusion. The clinical document dated November 22, 2013 documents swelling about the right knee with tenderness to palpation over the medial and lateral joint lines as well as L4-L5. Patellar compression test and grind test are positive and range of motion of the right knee is diminished. The clinician recommends obtaining weight-bearing radiographs which are documented as being negative for osteoarthritis. The provider recommends usage of Colace for constipation associated with Tylenol #3. The review in question was rendered on December 29, 2013. The request for Colace was noncertified as dose and quality was not specified. The retrospective review of weight bearing radiographs of the knee were found to be not medically necessary as the clinical findings of diffuse swelling, diminished range of motion, and tenderness at the medial joint line were present prior to the onset of symptoms and have "no temporal association with the current symptoms."

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF COLACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-96.

Decision rationale: The MTUS supports the use of those softeners when individuals utilizing opiate medications. Based on clinical documentation provided, the patient is utilizing Tylenol with Codeine. However, the clinician fails to indicate on both the November 22, 2013 document and in the January 7, 2014 document the dosage and quantity of Colace to be given. As such, there is insufficient information to support this request and the request is considered not medically necessary.

1 SERIES OF WEIGHT -BEARING X-RAYS OF RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: The knee symptoms documented on the examination from November 22, 2013 were previously present and prompted an MRI of the right knee. From a clinical standpoint it is unclear why radiographs are necessary when an MRI has already been obtained and demonstrated patellofemoral chondromalacia which is consistent with clinical findings of the pain and effusion. Additionally, the request fails to meet the ACOEM guidelines for radiographs. As such, the request is considered not medically necessary.