

Case Number:	CM14-0004959		
Date Assigned:	01/24/2014	Date of Injury:	11/06/2012
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Washington. 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 50-year-old female who reported an injury on 11/06/2012 due to a slip and fall. The injured worker reportedly sustained an injury to her right knee and right hip. The injured worker's treatment history included right knee arthroscopy with medial meniscectomy, debridement and chondroplasty on 03/14/2013. This was followed by a period of postoperative therapy. The injured worker also underwent conservative treatment for the low back to include chiropractic care and multiple medications. The injured worker was evaluated on 12/30/2013. Physical findings of the right knee included tenderness to palpation of the medial joint line with positive crepitus and pain with McMurray's test. The injured worker's diagnose included status post right knee medial meniscectomy, lumbosacral sprain/strain with lower extremity radiculopathy, and left knee patellofemoral arthritis with altered gait. The injured worker's treatment plan included refill of medications to include Norco, Volteran, Fexmid, and Prilosec. A request for authorization for MR arthrogram of the right knee was requested to assess for recurrent meniscus tear due to ongoing symptoms status post surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM, RIGHT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, MR Arthrography.

Decision rationale: The requested MR arthrogram of the right knee is medically necessary and appropriate. The California Medical Treatment Utilization Schedule does not specifically address postsurgical MR arthrography. The Official Disability Guidelines recommend MR arthrography for evaluation for a suspected recurrent tear of the meniscus. The clinical documentation does indicate that the injured worker underwent a meniscectomy in 03/2013 followed by postsurgical physical therapy. However, the injured worker has continued residual pain coupled with medial joint line tenderness and a positive McMurray's sign. These clinical findings are indicative of a meniscal injury. Therefore, assessment for a recurrent tear would be appropriate. As such, the requested MR arthrogram of the right knee is medically necessary and appropriate.

CEPHALEXIN 500MG X 30, 1 PO Q8H: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Cephalexin (Keflex®).

Decision rationale: The requested Cephalexin 500 mg x30 one by mouth every 8 hours is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address antibiotics. The Official Disability Guidelines recommend this medication for injured workers who have cellulitis or other types of infectious disease processes. The clinical documentation submitted for review does not provide any justification for the use of an antibiotic. There is no documentation of an infectious process to support the need for this medication. As such, the requested Cephalexin 500 mg x30 one by mouth every hour is not medically necessary or appropriate.

ZANAFLEX 1MG X90, 1 PO TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Zanaflex 1 mg x90 one by mouth 3 times a day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does not provide any

evidence that this is an acute exacerbation of chronic pain that would benefit from a course of muscle relaxants. Additionally, the amount requested exceeds the 2 to 3 week guideline recommendation for the use of muscle relaxants. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Zanaflex 1 mg x90 one by mouth 3 times a day is not medically necessary or appropriate.