

Case Number:	CM14-0107639		
Date Assigned:	08/01/2014	Date of Injury:	09/28/2006
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 male who had a work related injury on 09/28/06. The mechanism of injury is not described. The most recent medical record submitted for review is dated 06/03/14. It has been noted that the injured worker has undergone 2 surgeries of his left knee in 2008. On 06/03/14, the injured worker is in the office for reevaluation concerning a painful condition about the bilateral knees. He continues to experience pain and swelling in the bilateral knees, worse on the left. Examination of the knees reveals no gross deformity. Clicking and popping are elicited through motion on the right. Moderate effusion is noted on the right. Crepitus and pain are appreciated with motion on the left. Tenderness to palpation is present along the medial and lateral joint line bilaterally. McMurray's test is positive bilaterally. Apley's test is positive bilaterally. Skin is intact bilaterally. Extension is 0 degrees bilaterally. 110 degrees of flexion on the right and 115 degrees of flexion on the left. Dorsalis pedis and posterior tibialis artery is 2+. Strength is rated 5/5 to manual motor testing of the lower extremities. DTRs are 2+ and symmetric in the lower extremities. Diagnoses meniscal tear in the right knee. Meniscal degeneration with osteoarthritis of the left knee. A prior MRI dated 06/28/13 revealed severe extensive degenerative joint disease, moderate joint effusion, findings consistent with degenerative changes within the medial and lateral meniscal regions with no discreet tears seen and changes of chondromalacia patella. Recent treatment has included physical therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, MRI's (magnetic resonance imaging)

Decision rationale: The clinical documentation submitted for review does not support the request. There is no clinical evidence that the injured worker has become progressively worse since prior MRI June 2013. As such, medical necessity has not been established. Therefore, the request for MRI of the Left Knee is not medically necessary.

Voltaren gel 100mg #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Voltaren Gel (diclofenac)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request is not medically necessary.