

Case Number:	CM14-0110162		
Date Assigned:	09/19/2014	Date of Injury:	01/07/2013
Decision Date:	10/17/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 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:

Medical records reflect the claimant is a 50 year old male who sustained a work injury on 1-7-13. On this date the claimant reported he slipped and fell onto his flexed right knee, striking his knee at work. Medical Records reflect this claimant has ongoing right knee pain. The claimant is status post right knee partial meniscectomy on 8-12-13. Office visit on 3-11-14 notes the claimant complains of frequent mild to moderate pain, dull right knee pain. He also reports popping sensation in the knee. He has had acupuncture with minimal improvement. He had a steroid injection on 2-20-14 that only helped for one day. On exam, the claimant has trace effusion; range of motion is 0-135 degrees. No pain or crepitus with knee motion. No medial or lateral ligament laxity. McMurray test is negative. The evaluator felt that the claimant would not benefit from any other procedure other than a total knee replacement. The claimant is continued on Norco, Ultram, Relafen and Protonix. On 4-21-14 the claimant was given a prescription for Ibuprofen, Tylenol extra strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 11,67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acetaminophen Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Acetaminophen

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that acetaminophen is recommended for treatment of acute pain, chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. This claimant is being prescribed Ibuprofen. Duplication in first line of treatment is not indicated, particularly with these two medications that metabolizes in the liver. Therefore, the request for Tylenol # 120 is not medically necessary as the medical necessity has not been established.

Magnetic Resonance Imaging (MRI) Right Knee: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter - MRI.

Decision rationale: ACOEM notes that MRI is not recommended for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease. ODG notes that repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Medical Records reflect this claimant has no instability on exam. He has negative McMurray's test. There is an absence in documentation to support ligament damage or cartilage damage at this time. Therefore, the request for Magnetic Resonance Imaging (MRI) right knee is not medically necessary as the medical necessity has not been established.