

Case Number:	CM14-0150001		
Date Assigned:	09/18/2014	Date of Injury:	10/30/2013
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 10/30/2013. Per primary treating physician's progress report dated 8/19/2014, the injured worker complains of continued pain in the parapatellar region. Bending activities aggravates the pain. He feels his knee is worse after surgery. He is trying to be careful with activities. He wants to be more active but feels the knee is disabling him. On examination range of motion was lacking the last few degrees of full knee flexion. Quadriceps muscle tone was down less than 10%. A small knee effusion was present. There was mild tenderness to palpation. Grade 2 crepitation was noted on 90:90 testing. There was no instability. Diagnoses include 1) articular cartilage injury left 2) chondromalacia of patella 3) patellar tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic (Meloxicam) tablets 7.5 mg, bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 72, 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the claims administrator, the injured worker's surgery was not an authorized procedure, and therefore treatments required for the postsurgical period are not authorized. Per physician review recommendation completed on 2/6/2014, the injured worker did have a request for left knee arthroscopy, chondroplasty with possible chondrocyte biopsy certified. The request for Mobic (Meloxicam) tablets 7.5 mg, bid #60 is medically necessary.