

Case Number:	CM14-0151398		
Date Assigned:	09/19/2014	Date of Injury:	10/25/2011
Decision Date:	10/28/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family Medicine, and is licensed to practice in Utah. 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 48 year-old male. The patient's date of injury is 10/25/2011 The mechanism of injury is not stated. The patient has been diagnosed with bilateral knee pain, seizures, anxiety, depression, insomnia, Reflex Sympathetic Dystrophy of the left upper extremity, and left hand pain. The patient's treatments have included surgical intervention in 2012, and medications. The physical exam findings dated 2/6/2014 show motor strength as 5/5, with reflexes 1+ and symmetric throughout, toes down going bilaterally with no clonus. The cranial nerves are reported as normal. Spine exam is stated as normal. Gait is normal. There is no knee or hand exam. The patient's medications have included, but are not limited to, Keppra, Gabapentin, Trazodone, Ibuprofen, Celexa and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for an lower extremity doppler ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com Diagnosis of suspected deep vein thrombosis of the lower extremity Diagnostic algorithm in patients with suspected deep vein thrombosis

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Doppler ultrasound. Following the algorithm the Doppler ultrasound is indicated as medically necessary.

1 prescription request for ibuprofen 800mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for ibuprofen. MTUS guidelines state the following: Anti Inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the clinical documentation provided and current MTUS guidelines; Ibuprofen is indicated as a medically necessary.