

Case Number:	CM14-0158869		
Date Assigned:	10/02/2014	Date of Injury:	03/12/2010
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is an injured worker with a date of injury of 3/12/10. A utilization review determination dated 9/25/14 recommends non-certification of Zanaflex, right knee ultrasound, and bilateral ankle ultrasound. It referenced a 9/15/14 medical report identifying worsening pain in the lumbar spine, cervical spine, bilateral shoulders, and left knee. Pain is 6/10 with medication, 9/10 without, and medications are said to help with ADLs. On exam, there is paraspinal spasm, positive SLR, decreased sensation L5-S1 and C5-6, decreased ROM, positive axial compression, positive shoulder impingement, knee tenderness, and ankle tenderness. Injured worker has not responded to shoulder physical therapy, acupuncture, or medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg 1-2 tablets PO TID #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line

option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.

Right Knee ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging - Ultrasound

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, Ultrasound, diagnostic

Decision rationale: Regarding the request for right knee ultrasound, CA MTUS does not address the issue. ODG cites that sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. Within the documentation available for review; there are no symptoms/findings suggestive of acute ACL injury or another clear rationale for ultrasound. In light of the above issues, the currently requested right knee ultrasound is not medically necessary.

Bilateral ankle ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging - Ultrasound

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot Chapter, Ultrasound (diagnostic)

Decision rationale: Regarding the request for bilateral ankle ultrasound, California MTUS does not address the issue. ODG recommends the use of diagnostic ultrasound for the ankle and foot when there is suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis with corroborating physical examination findings. Within the documentation available for review, there are no symptoms/findings suggestive of any of the abovementioned conditions or another clear rationale for the study. In the absence of such documentation, the currently requested bilateral ankle ultrasound is not medically necessary.