

Case Number:	CM14-0031553		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2012
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 61 year old female who had work related injuries on 07/24/12. The injured worker stated that after being bent over for quite a long period of time utilizing a knife to cut the weeds and separate the plants, she stood up and felt a pop in the left knee. She stated that it became swollen and immediately painful. Her initial diagnosis was left knee internal derangement. She was treated with ice three to four times a day for swelling ace wrap minimal minimize weight bearing, ibuprofen and Vicodin as needed and referred to an orthopedist. On 08/10/12 it was reported that the applicant was improving, she could flex her knee more although still hurt to walk. On 09/17/12 she had an orthopedic evaluation and the assessment produced left knee pain following twisting injury at work with plain radiographic evidence of early osteoarthritis, associated meniscal tearing was common in situations of that nature and could be of either degenerative or traumatic type. Magnetic resonance imaging of the left knee dated 10/09/12 showed marked narrow edema in the medial femoral condyle, and to a lesser degree in medial tibial plateau. Associated with this there were some thinning of the overlying cortex in the medial femoral condyle, definite fracture line was not appreciated. This most likely represented marrow edema from bony contusion versus avascular necrosis. Thinning of the articular cartilage in the medial joint space with associated intrasubstance change in the medial meniscus, meniscal tear was not appreciated. Moderate joint effusion. Edematous changes were identified adjacent to the medial collateral ligament, the ligament itself was weighed normal anatomy and sigma characteristics. Intrasubstance change in the lateral meniscus without definite tear appreciated. The injured worker went on to have intraarticular injections with minimal pain relief. She had six sessions of physical therapy which did not help at all in fact it may have made it worse. She tried a brace that did not really help much. Progress note dated 02/22/14 had no physical examination. Progress note dated 01/23/14 was hand written and

difficult to read but injured worker reported continued pain in her left knee with clicking, instability, increased pain with weight bearing and some swelling. On physical examination she had mild edema, no patellar grind sign. Prior utilization review dated 02/28/14 was non-certified for request of ibuprofen 800mg for lack of clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAID's.

Decision rationale: The clinical documentation does not support the request for Ibuprofen. The clinical documents submitted; show that the injured worker continues to have continued pain in her left knee. She complained of clicking, instability, increased pain with weight bearing, and some swelling. The request for ibuprofen 800mg is not medically necessary.