

Case Number:	CM14-0065538		
Date Assigned:	07/11/2014	Date of Injury:	10/29/2012
Decision Date:	09/17/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation 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:

The injured worker is a 60-year-old female who reported an injury after she fell onto her knees and upper extremities on 10/29/2012. The clinical note dated 05/09/2014 is handwritten and hard to decipher. The clinical note indicated diagnoses of cervical sprain/strain, right shoulder sprain/strain, tendonitis with bursitis, right elbow sprain/strain, medial and lateral epicondylitis, right wrist sprain, and history of right small finger fracture of residual deformity from 1998. The injured worker reported she went to the emergency room due to involuntary muscle spasms across the chest, wrapping around to neck and mid-back in a spiral motion. The injured worker reported right shoulder pain with radiculopathy to the right elbow, right knee pain, stiffness, weakness, and the injured worker reported beginning to have left knee pain due to compensating for right knee weakness and discomfort. The injured worker reported she was wearing a knee brace. The injured worker reported low back pain and was unable to lay down; had problems getting up from a seated supine position; low back pain radiated down the left leg. The injured worker reported her pain 5/10, left side is more painful than the right. The injured worker reported an EKG (Electrocardiogram) was performed, and the unofficial EKG was normal. The injured worker reported fatigued palpitations, wheezing, nausea, joint pain, muscle spasms, sore muscles. On physical examination of the cervical spine, the injured worker was guarded with tenderness to palpation at bilateral upper trapezius, mid-trapezius, and lower trapezius with decreased range of motion in all planes. The injured worker had right shoulder has tenderness to palpation at trapezius, pectoris and deltoid hypersensitivity upon palpation with decreased range of motion due to pain and stiffness. The examination of the lumbar spine revealed tenderness to palpation to right of the paravertebral muscle, spasms at the joint. The injured worker's treatment plan included a surgical consult and a psychiatric consult. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's

medication regimen included Motrin. The provider submitted a request for Motrin; transportation to doctor appointments, therapy appointments, and diagnostic appointments; and MRI of the right knee. A Request for Authorization dated 3/31/2014 was submitted for Motrin; transportation to doctor appointments, therapy appointments, and diagnostic appointments; and MRI of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71-72.

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

Decision rationale: The request for Motrin 800 mg QTY: 120 is not medically necessary. The CA MTUS guidelines recognize Motrin as a non-steroidal anti-inflammatory drug. 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. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency for the Motrin. Therefore, the request is not medically necessary.

Transportation to doctor appointments, therapy appointments, diagnostic appointments ect. QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Transportation.

Decision rationale: The request for Transportation to doctor appointments, therapy appointments, diagnostic appointments etc. QTY:1 is not medically necessary. The Official Disability Guidelines (ODG) guidelines recommend transportation to and from appointments for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There was a lack of evidence in the documentation indicating the injured worker is significantly disabled and unable to perform self-transport. In addition, the documentation provided did not indicate the rationale for the requested transportation. Therefore, the request for transportation is not medically necessary.

MRI of the right knee QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Knee Complaints Chapter, 2008 Revision, Pages 1021-1022 Official Disability Guidelines: Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI of the right knee QTY:1 is not medically necessary. The California MTUS/ACOEM Guidelines recommend a diagnostic MRI after a period of conservative care and observation. There is a lack of documentation of conservative care including physical therapy. In addition, there is no objective evidence of evaluation of the right knee in the documentation provided. Therefore, the request for MRI of the right knee is not medically necessary.