

Case Number:	CM14-0073207		
Date Assigned:	08/08/2014	Date of Injury:	06/03/2013
Decision Date:	09/11/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/20/2014

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 Orthopedic Surgery, 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 records presented for review indicate that this 53 year-old individual was reportedly injured on June 3, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of knee pain. The physical examination demonstrated a "guarded" gait pattern, difficulty arising from a sitting position, tenderness to palpation over the medial aspect of the left knee, and a decrease in left knee range of motion. A positive McMurray's test is noted and deep tendon reflexes are 2+ throughout both lower extremities. Diagnostic imaging studies were not reported. Previous treatment was not outlined. A request had been made for left knee arthroscopy and was not certified in the pre-authorization process on May 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed Lidoderm Patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: The clinical assessment is that there is a meniscal lesion that requires arthroscopic intervention. There is no indication of a neuropathic pain lesion. As outlined in the MTUS this medication is indicated for the treatment of peripheral pain after evidence of a first-line tricyclic antidepressant. The medical records presented do not indicate that these interventions have been completed. Therefore, when noting the pain generator, the lack of medical data to support what treatment has been rendered, or why this particular medication is indicated there is insufficient data. As such, the request is not medically necessary.

Topical Cream refill TGHOT- Flurflex.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended for use. The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the employee was intolerant of other treatments. The request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

Decision rationale: There is no clinical information presented to suggest that there is abuse of the medications, drug diversions, illicit drug use, intoxication or other parameters whereby a urine drug screening would be necessary to modify the treatment plan protocols. Therefore, when noting the parameters identified in the MTUS Guidelines, tempered by the physical examination and clinical findings in the progress notes, there is insufficient clinical information to establish the medical necessity of this request.

Left Knee Arthroscopy with Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: It is noted in the guidelines that arthroscopic partial meniscectomy usually has a high success rate when there is clear evidence of a meniscal tear. There is no enhanced imaging study presented showing that there is a meniscal lesion. As such, based on lack of clinical information the medical necessity for this intervention is not presented. This procedure is not determined to be medically necessary based on the records presented for review.

Left Knee Brace.:

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Single point cane.:

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.