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| Case Number: | CM14-0082260 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 06/08/2013 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/03/2014 |

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old male who reported an injury on 06/08/2013. The injured worker's mechanism of injury was noted to be stepping into a hole and falling. His diagnosis was noted to be internal derangement of the right knee. Prior treatment included acupuncture, medications, and 20 sessions of physical therapy. Diagnostic testing included an MRI of the right knee without contrast. A clinical evaluation on 04/11/2014 indicated the injured worker's current complaint to be right knee pain. The physical examination found the injured worker to be in mild distress. The examination noted the injured worker's gait was antalgic on the right. He was unable to walk on heels and toes. The examination of the right knee noted tenderness on the right lateral patellar facet, medial patellar facet, medial joint line, and lateral joint line. There was slight swelling on the right knee in the intra-articular area. Range of motion was 0 with extension and 85 degrees with flexion. The patellofemoral compression sign was positive on the right. Motor strength was 4/5 on the right side. The treatment plan recommendations included work restrictions, an interferential unit, and NSAIDs. The provider's rationale was not noted in the clinical notes. A Request for Authorization form was not found with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (Magnetic Resonance Arthrogram) of the right knee: 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): Knee and Leg (Acute and Chronic).

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

Decision rationale: The request for MRA (Magnetic Resonance Arthrogram) of the right knee is non-certified. The Official Disability Guidelines recommend MR arthrography as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair, or for meniscal resection of more than 25%. In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or tear. MR arthrography is useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. According to the evaluation, the injured worker denies prior surgeries. According to the Guidelines, the injured worker does not meet the criteria for an MR arthrography. Therefore, the request for MRA (Magnetic Resonance Arthrogram) of the right knee is non-certified.

IF (Interferential) unit, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: The request for IF (Interferential) unit, QTY: 1 is non-certified. The Official Disability Guidelines state interferential current therapy is under study for osteoarthritis and recovery post knee surgery. It is not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy may help reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. According to the clinical evaluation, the injured worker does not fit the criteria according to the Guidelines for interferential. Therefore, the request for IF (Interferential) unit, QTY: 1 is non-certified.

Tramadol 50 mg, QTY: 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 Tramadol
Page(s): 113.

Decision rationale: The request for Tramadol 50 mg, QTY: 120 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate tramadol as a centrally acting synthetic opiate analgesic and it is not recommended as a first line oral analgesic. The treatment plan noted a recommended for the injured worker to use NSAIDs for pain control. The Guidelines state tramadol is not a first line analgesic. Documentation would be necessary to show that failure of conservative medications such as NSAIDs occurred and the injured worker had a medical necessity for an opiate analgesic. In addition, the provider's request failed to provide a frequency of tramadol. Therefore, the request for Tramadol 50 mg, QTY: 120 is non-certified.

Retrospective request for a four (4) view x-ray of the knees including weight bearing views done on 04/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine National Institutes of Health.

Decision rationale: The Retrospective request for a four (4) view x-ray of the knees including weight bearing views done on 04/11/2014 is non-certified. The U.S. National Library of Medicine National Institute of Health states 4 film x-ray series is more sensitive than 2 film for diagnosis of fractures in children. The documentation does not supply adequate information on a date of service 04/11/2014. In addition, a 4 view x-ray is indicated with children and small bones. The provider will need to submit specific information on 04/11/2014 and give a medically necessary reason why a 4 view x-ray of the knees including weight bearing views would need to be done. As such, the Retrospective request for a four (4) view x-ray of the knees including weight bearing views done on 04/11/2014 is non-certified.

Retrospective request for computerized range of motion test completed on 04/11/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, 5th Edition.

Decision rationale: The Retrospective request for computerized range of motion test completed on 04/11/2014 is non-certified. The Essential Diagnostics Company addresses computer range of motion testing. It is noted that this is the preferred device for obtaining accurate, reproducible measurements. The article addresses spinal range of motion. It is not noted why it would be

necessary for the injured worker's knee. More documentation will need to be provided to show objective medical necessity for a computer range of motion test that was completed on 04/11/2014. As such, the Retrospective request for computerized range of motion test completed on 04/11/2014 is non-certified.