

Case Number:	CM14-0098498		
Date Assigned:	07/28/2014	Date of Injury:	04/26/2013
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 44 year old female with date of injury 4/26/2013. The mechanism of injury is stated as slipping and falling on a wet floor. The patient has complained of right knee pain since the date of injury. In 01/2014 she had arthroscopic surgery and has also been treated with physical therapy and medications. MRI of the right knee dated 06/2013 revealed a medial meniscus tear. Objective: pain with range of motion of the right knee, mild decrease in range of motion of the right knee, tenderness to palpation of the patella, quadriceps muscle wasting on the right side, tenderness of the medial joint line, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, pages 76-85, 88-89 Page(s): 76-85, 88-89.

Decision rationale: This 44 year old female has complained of right knee pain since date of injury 4/26/2013. She has had arthroscopic surgery of the right knee and has also been treated with physical therapy and medications to include opioids since at least 03/2014. The current

request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

(3) Synvisc Injections to right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints, 339 Page(s): 339.

Decision rationale: This 44 year old female has complained of right knee pain since date of injury 4/26/2013. She has had arthroscopic surgery of the right knee and has also been treated with physical therapy and medications to include opioids since at least 03/2014. The current request is for Synvisc injections x 3. Per the MTUS guideline cited above, Synvisc injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, Synvisc injections x 3 are not indicated as medically necessary.