

Case Number:	CM14-0167391		
Date Assigned:	10/14/2014	Date of Injury:	12/11/2013
Decision Date:	01/06/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine 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 50 year-old female, who was injured on December 11, 2013, while performing regular work duties. The mechanism of injury is unknown; however resulted in injury of the lower back and right knee. The records reflect the injured worker was on modified work activities. On February 26, 2014, the records indicate the injured worker had completed eleven (11) sessions of physical therapy, had a negative magnetic resonance imaging (MRI) of the right knee, and reports having difficulty while walking and standing for prolonged periods. The physical therapy records indicate the injured worker had completed 15 sessions on April 7, 2014. The records indicate use of Diclofenac Epolamine patches are used for pain. Other treatments noted in the records are trigger point injections, physical therapy, ice packs, knee brace, and Tramadol, Naprosyn, and lumbar spine facet joint medial branch block. On the evaluation of August 19, 2014, Ketoprofen is recommended for the knee; however a reason for its need is not noted. The request is for Ketoprofen for the knee. The primary diagnosis is sprain or strain of the knee and leg. Past surgical history of right knee arthroscopy. On September 11, 2014, Utilization Review non-certified Ketoprofen for the knee per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen for the knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to Acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is no documentation why Ketoprofen has been prescribed. Therefore, the request for Ketoprofen for the knee is not medically necessary.