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| Case Number: | CM14-0188542 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 05/15/2004 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Emergency 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 57 year-old male, who sustained an injury on May 15, 2004. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: epidural injections, physical therapy, medications. The current diagnoses are: cervical disc bulges and cervical radiculopathy, left carpal tunnel syndrome, left facet hypertrophy, left hip trochanteric bursitis, lumbar disc disease with painful hardware, bilateral knee pain. The stated purpose of the request for Toradol Injection 2cc was for ongoing pain. The request for Toradol Injection 2cc was denied on October 20, 2014, citing a lack of guideline support for its use in chronic conditions. The stated purpose of the request for magnetic resonance imaging (MRI) left knee was not noted. The request for MRI left knee was denied on October 20, 2014 citing a lack of documentation of positive exam findings. Per the October 22, 2014 report, the treating physician noted complaints of right knee pain. Exam findings of bilateral knees included positive patellar grind test, medial and lateral joint line tenderness, positive McMurray-Drawer-Lachman instability and Varus-valgus testing, positive effusion. Per the report dated November 14, 2014, the treating physician noted chronic severe right knee pain due to osteoarthritis, cervicgia with radiculopathy, chronic low back pain with radicular pain. Exam findings included cervical tenderness, positive right-sided Spurling sign, lumbar paraspinal tenderness, positive bilateral straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol Injection 2cc: Upheld

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

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

Decision rationale: The requested Toradol Injection 2cc, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) is silent. Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac (Toradol) note that it is only recommended for short-term use in the treatment of acute pain and is not indicated in the treatment of minor or chronic pain. The injured worker has chronic severe right knee pain due to osteoarthritis, cervicgia with radiculopathy, chronic low back pain with radicular pain. The treating physician has documented exam findings of bilateral knees included positive patellar grind test, medial and lateral joint line tenderness, positive McMurray-Drawer-Lachman instability and Varus-valgus testing, positive effusion. The treating physician has not documented the presence of an acute pain condition. The criteria noted above not having been met, Toradol Injection 2cc is not medically necessary.

MRI left knee: Overturned

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

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

Decision rationale: The requested MRI left knee, is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has chronic severe right knee pain due to osteoarthritis, cervicgia with radiculopathy, chronic low back pain with radicular pain. The treating physician has documented exam findings of bilateral knees included positive patellar grind test, medial and lateral joint line tenderness, positive McMurray-Drawer-Lachman instability and Varus-valgus testing, positive effusion. The request for MRI left knee was denied on October 20, 2014 citing a lack of documentation of positive exam findings. Even though the treating physician has not documented specific complaints directed at the left knee, the treating physician has documented sufficient positive exam findings for both knees, potentially indicative of internal derangement, and therefore the MRI left knee is medically necessary.