

Case Number:	CM14-0190660		
Date Assigned:	11/24/2014	Date of Injury:	07/01/1999
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pains Management 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 patient is a 60 year old female with an injury date of 07/01/99. As per progress report dated 08/22/14 (handwriting not very legible), the patient is status post left knee scope on 06/30/14. The patient also suffers from pain in bilateral hips, right worse than left. The patient limps occasionally. Additionally, the right hip catches occasionally as well. Physical examination reveals limited range of motion. As per progress report dated 07/22/14, the patient complains of low back pain during lifting, bending and ambulation. The patient has been diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, as per that report. In progress report dated 06/10/14, the patient complains of pain in low back and left buttock. The Utilization Review denial letter states that during the 09/03/14 evaluation the patient presented with squatting symptoms past 45 degrees of flexion and standing 20 minutes with moderate pain rated at 3-5/10. Mild joint effusion was present. There was passive range of motion with knee extension at 0 degrees, flexion at 135 degrees, and dorsiflexion at 10 degrees. The patient also has anterior joint line pain along with mild hamstring and straight leg raise flexibility deficits. Motor strength was reduced in gluteals, quadriceps and hamstrings, and there was severe impairment of single leg stand with eye closed. As per Lumbar MRI report dated 06/27/14, the patient underwent disc replacement at L3-4 in 2007, spinal fusion in 2008, and L5-S1 discectomy and several laminectomies (date not specified). Current medications, as per progress report dated 08/22/14, include Tramadol, Relafen and Norco. Operative report dated 06/30/14 states that the patient has a diagnosis of posterior horn lateral meniscus tear left knee along with osteoarthritis of the left knee. The patient has also received some physical therapy, as per the Utilization Review Denial Letter. Diagnoses, 08/22/14: Left knee scope 06/30/14; Right MCA (illegible) and Left MCA. MRI of the Lumbar Spine, 06/03/14: Anterior and posterior fixation for fusion of

L4-5 and anterior fixation of L5-S1 with very little degenerative change above the fusion site. MRI of the Lumbar Spine, 06/27/14: prior interbody fusion change at L4-5, prosthetic disc placement at L5-S1 and posterior spinal instrumentation and fusion change at L4-5; prominent facet arthropathy at L3-4 causing mild dural compression; facet prominence and endplate osteophyte formation causing mild left neural foraminal stenosis at L4-5; possible mild bilateral neural foraminal stenosis at L5-S1 and cauda equina adherent to the thecal sac at L4-5 level and distally, suggestive of arachnoiditis. The provider is requesting for (a) 1 MRI of the right knee (b) 1 prescription of Celebrex 200 mg, # 30 with 2 refills. The Utilization Review determination being challenged is dated 10/23/14. The rationale follows: (a) 1 MRI of the right knee - "an MRI of the right knee to rule out osteoarthritis is not reasonable or congruent with current guideline recommendations." (b) 1 prescription of Celebrex 200 mg, # 30 with 2 refills - "There are no indications that the patient is not tolerating the current medication regimen and has allowed her to continue with physical therapy." Treatment reports were provided from 04/19/14 - 08/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI 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, Knee Chapter (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Knee & Leg, MRI's (Magnetic Resonance Imaging)

Decision rationale: The progress reports are not clearly legible. The patient is status post left knee scope on 06/30/14. The patient also suffers from pain in bilateral hips, right worse than left, as per progress report dated 08/22/14. The Utilization Review denial letter states that during the 09/03/14 evaluation the patient presented with squatting symptoms past 45 degrees of flexion and standing 20 minutes with moderate pain rated at 3-5/10. The request is for 1 MRI of the right knee. ODG guidelines, chapter 'Knee & Leg' and title 'MRI's (Magnetic Resonance Imaging)', state Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." The 08/22/14 progress report indicates that the patient underwent surgery for right knee MCA. The available reports do not reflect prior MRI of the right knee. However, all the available progress reports are not fully legible. Hence, the date of the surgery and other details are not available for reference. There is lack of documentation pertinent to this request including current symptoms, extent of pain, and past MRI history. Hence, this request is not medically necessary.

1 prescription of Celebrex 200mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, medication for chronic pain Page(s): 22,60.

Decision rationale: The progress reports are not clearly legible. The patient is status post left knee scope on 06/30/14. The patient also suffers from pain in bilateral hips, right worse than left, as per progress report dated 08/22/14. The Utilization Review denial letter states that during the 09/03/14 evaluation the patient presented with squatting symptoms past 45 degrees of flexion and standing 20 minutes with moderate pain rated at 3-5/10. The request is for 1 prescription of Celebrex 200 mg, # 30 with 2 refills. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the first prescription for Celebrex was noted in the latest progress report dated 08/22/14. The patient is taking other medications including Tramadol, Norco and Relafen, as per the same progress report. The provider does not provide a pain scale or specific symptoms. The reports do not reflect how Celebrex will benefit the patient. Since the MTUS guidelines recommend short-term use of NSAIDs such as Celebrex with documented improvement in pain or functionality, this request is not medically necessary.