

Case Number:	CM14-0198187		
Date Assigned:	12/08/2014	Date of Injury:	12/29/2002
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 (IW) is a 43-year-old woman with a date of injury of December 29, 2002. The mechanism of injury is not legibly provided. The current working diagnoses are chondromalacia of the patella; tear of the medial cartilage or meniscus of the knee; thoracic sprain; lumbar spine sprain/strain; displacement of the thoracic and lumbar intervertebral disc without myelopathy; degeneration of the thoracic or lumbar intervertebral disc; and rotator cuff syndrome of the shoulder. The most recent progress note in the medical record is dated October 16, 2014, and mostly illegible. The IW reports recent increase in falls secondary to left knee pain. Pain level is 5-6/10, and is characterized as frequent with weakness. On examination of the left shoulder, there was 4/5 weakness. Range of motion is 110/0. Positive McMurray's. The remainder of the physical examination is illegible. According to the review of symptoms, the IW is positive for headaches. There is no legible documentation regarding migraines or vascular headaches. In the body of the report, the provider documents: RFA: Updated MR Arthrogram left knee to assess for tear and post op changes. Current medications include Flexeril 10mg, Imitrex 50 mg, Norco 10/325 mg, Anaprox 550 mg, Prilosec 20 mg, and MS Contin 15 ml daily. Documentation indicated that the IW had a prior MR Arthrogram to the left knee April 16, 2013, results not provided. The current request is for Imitrex 50 mg, and MR Arthrogram left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head chapter, Triptans

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

Decision rationale: Pursuant to the Official Disability Guidelines, Imitrex 50 mg is not medically necessary. Triptans are recommended for migraine sufferers. At marketed doses, all Triptans are effective and well tolerated. In this case, there is a progress note dated October 16, 2014 that is largely illegible. There is a reference within the body of the report that indicates the injured worker has headaches. There is no past medical history or documentation of migraine/vascular headaches. Imitrex is not indicated for garden-variety or tension headaches. Imitrex, a Triptan, is indicated for migraine headaches. There is no indication or documentation the injured worker suffered migraine headaches. Consequently, Imitrex 50 mg is not medically necessary.

MR Arthrogram for the left 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 Chapter, MR arthrography

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 Arthrogram

Decision rationale: Pursuant to the Official Disability Guidelines, MR arthrogram for the left knee is not medically necessary. MR arthrography is recommended as a post-operative option to help diagnose the suspected residual or recurrent tear, or meniscal repair work for meniscal resection of more than 25%. In this study, for all patients underwent meniscal repair, MR arthrography was required to diagnose residual or recurrent tear. In this case, the injured worker already underwent MR arthrogram on April 16 of 2013 (post-surgery). There have been no subsequent surgeries on the affected knee. Progress notes or handwritten and largely illegible but there do not appear to be any significant changes in symptoms or signs associated with the affected knee since the MR arthrogram. Consequently, MR arthrogram left knee is not medically necessary.