

Case Number:	CM14-0200097		
Date Assigned:	12/22/2014	Date of Injury:	04/16/2014
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Orthopedic Surgery, and is licensed to practice in New York. 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 40-year-old male with a date of injury of August 16, 2014. The patient has chronic left knee pain. Patient has been diagnosed with left knee sprain and contusion with medial meniscus tear. Physical exam findings show decreased range of motion her motion with spasm. The patient has decreased left knee strength with left quadriceps atrophy. There is decreased range of motion knee motion. There is crepitus and locking with swelling. He has positive Lachman and McMurray test. X-rays of the left knee were normal. Prior left knee MRI reveals meniscal tear. The patient has been treated with medications. At issue is whether additional modalities are medically needed for the patient's left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x-ray of the left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter

Decision rationale: Additional x-rays of the left knee or not medically necessary at this time. The medical records indicate that the patient or to have left knee x-rays that were normal. There is no additional evidence of additional trauma in the medical records after the previous x-rays. Additional clinical information from new x-rays is not likely. There is no medical necessity for new left knee x-rays.

1 physical performance - functional capacity evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS clamping treatment of

Decision rationale: This patient does not meet criteria for functional capacity evaluation. Evidence base guidelines recommend functional capacity evaluations prior to admission to work hardening program. Functional capacity evaluations are also recommended if there's evidence of complex issues are hampering case management. In this case the patient is being treated for left knee injury. There is no documentation that the patient is being considered for work hardening program. There is no documentation of any complex issues with hampering this patient's case management. The patient does not meet any evidence base guidelines criteria for functional capacity evaluation at this time.

1 prescription for FluriFlex 180gm: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: This is a topical compounded pain medication. This compounded medicine contains cyclobenzaprine as a muscle relaxant. Evidence base guidelines do not recommend any compounded product that contains at least one drug that is not recommended is not recommended. Topical pain medication is not supported for knee issues, there is no literature to support high concentrations of topical compounded pain medication for chronic knee pain. Guidelines do not support the use of this medication for chronic knee pain.

1 prescription for TGHOT, 180gm: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: This is a topical compounded pain medication. This compounded medicine contains gabapentin. Evidence base guidelines do not recommend any compounded product that contains at least one drug that is not recommended. Topical pain medication is not supported for knee issues, there is no literature to support high concentrations of topical compounded pain medication for chronic knee pain. Guidelines do not support the use of this medication for chronic knee pain.