

Case Number:	CM15-0002702		
Date Assigned:	01/15/2015	Date of Injury:	01/30/2014
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 22-year-old male who reported an injury on 01/30/2014. The mechanism of injury was a fall. His diagnoses include left knee internal derangement. Past treatment was noted to include anti-inflammatories, exercise program, ice and elevation. An MRI was performed of the left knee that showed small joint effusion, some lateral patellar tilt, mild chondromalacia of the medial patellar facet, with a tiny Baker's cyst and no fracture or contusion. Upon physical examination, it was indicated the injured worker had slight effusion present with point tenderness upon palpation about the medial and lateral joint lines. His range of motion to his left knee measured extension at 0 degrees and flexion at 20 degrees. On 11/21/2014, it was indicated the injured worker had complaints of pain to the left knee. He reported that he had recently fell on top of his left knee. Medications were not included in the report. The treatment plan was not to include MRI and medications. A request was received for MRI left knee, Protonix 20 mg #60 and Ultram ER 150 mg #30 without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): <http://www.odg-twc.com/odgtwc/knee.htm>

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

Decision rationale: According to the Official Disability Guidelines, repeat MRI's of the knee are indicated for postsurgical assessment. Although the injured worker had significantly decreased function, the request is not supported as the rationale is not to assess the injured worker's postsurgical status. As such the request for MRI left knee is not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines proton pump inhibitors, such as Protonix, are recommended for those with a history of a risk for gastrointestinal events. The clinical documentation submitted for review did not indicate this injured worker was at risk for or had a history of gastrointestinal events. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Protonix 20 mg #60 is not medically necessary.

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the patient's pain and ADLs with and without the use of this medication and a urine drug screen was not provided to determine medication compliance. As such, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for Ultram ER 150 mg #30 is non-certified.