

Case Number:	CM15-0005133		
Date Assigned:	01/16/2015	Date of Injury:	03/13/2013
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii

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 35 year old male, who sustained an industrial injury on 03/13/2013. On physician provider progress note dated 12/16/2014 and 12/02/2014 the injured worker has reported right knee pain. On examination he was noted to have right knee pain status post ORIF (open reduction and internal fixation), surgical scar at medical region, no edema or swelling noted with normal range of motion, no crepitus and mild knee joint thickening was noted. The diagnoses have included knee injury and status post knee repair. Treatment plan included TENS unit instruction, orthopedic surgeon referral, pending x-ray right knee, continue medication and pending physical therapy. On 12/22/2014 Utilization Review non-certified Fernoprofen 400mg #60 and X-ray of the right knee. The CA MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: 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), Fenoprofen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-73.

Decision rationale: The patient presents with right knee pain. The current request is for Fenoprofen 400mg #60. The treating physician states, "Anti-inflammatory and analgesic medications for pain control. The risks, benefits, and side effects including other options were given to the patient." (23C) The MTUS guidelines state: Fenoprofen (Nalfon, generic available): 200, 600 mg. Dosing: osteoarthritis; (off-label use for ankylosing spondylitis); 300, 600mg PO 3 to 4 times per day (Max daily dose is 3200mg). Improvement may take as long as 2 to 3 weeks. Mild to moderate pain (off-label use for bone pain): 200mg PO every 4 to 6 hours as needed. In this case, the treating physician has submitted a hand written partially legible report that has failed to document pain and function with usage of this medication as required on page 60 of the MTUS guidelines. There is no way to tell if this medication is providing any relief for this patient. The current request is not medically necessary and the recommendation is for denial.

X-ray 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 (ODG), Knee Chapter, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic) - Radiography (x-rays)

Decision rationale: The patient presents with right knee pain. The current request is for X-ray of the right knee. The treating physician states, "The patient brought with him two-view x-ray of his right knee. The x-ray showed internal fixation of the right proximal tibia. A rod and screw were still in place. Based on the line of ossification the patient appears to have had complete fracture of the medial region of the proximal tibial extending to the knee joint. There is no official radiologist report of these films. I recommend a new x-ray of the right knee complete to check for the status of ossification and the hardware placement." (23C) The ODG guidelines state: Recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence. In this case, the treating physician has documented no edema or swelling noted with normal range of motion. The current request is not medically necessary and the recommendation is for denial.