

Case Number:	CM15-0101043		
Date Assigned:	06/03/2015	Date of Injury:	04/14/2011
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old female who sustained a work related injury April 14, 2011. Past history included s/p arthroscopic chondroplasty, drilling of medial condyle and patellar resurfacing, with lateral release of the right knee. According to a primary treating physician's orthopedic spine surgery narrative progress report, dated April 16, 2015, the injured worker presented for follow-up evaluation. She continues to undergo therapy for the right knee, and has one session remaining. She continues to have pain in the anterior and medial aspect of the right knee, including knee pain, rated 6-8/10, and one reported episode of knee locking. The physician reports multiple Cortisone injections into the right knee post-operatively, lasting only a month. She complains of left knee pain, rated 6-8/10. Her left foot pain, previously diagnosed as plantar fasciitis, has improved. She also reports low back pain increasing with activity throughout the day. A previous facet block in 2013, with subsequent RFA (radiofrequency ablation), provided improvement for about a year. Assessment is documented as L4-5 facet arthropathy, s/p RFA 4/2013; left knee degenerative joint disease and MRI evidence of synovial medial plica; left ankle pain, resolved; left foot mild first metatarsal phalangeal degenerative joint disease. At issue, is the request for authorization for an MRI of the left knee and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the left knee, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The injured worker had an MRI on 4/16/15 that revealed no meniscal tear. The medical records do not clarify why a repeat MRI would be indicated at this time. The request for MRI scan of the left knee, QTY: 1 is not medically necessary.

Motrin 800mg, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no number of Motrin requested attached to this request, therefore, the request for Motrin 800mg, QTY: 1 is not medically necessary.