

<b>Case Number:</b>	CM15-0147886		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/19/2015
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Texas, New York, 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 applicant is a [REDACTED] beneficiary who has filed a claim for knee pain reportedly associated with an industrial injury of June 19, 2015. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve requests for Q-PAP 325 mg (acetaminophen) and a knee sleeve, both of which were apparently prescribed and/or dispensed on or around June 19, 2015. The claims administrator did, however, approve Relafen and topical Bengay and knee x-rays. Non-MTUS ODG Guidelines were invoked to deny the request for acetaminophen. A variety of chronic pain guidelines were invoked, despite the fact that this was seemingly a chronic pain case as of the date in question. The applicant subsequently appealed. On June 19, 2015, the applicant reported complaints of knee pain. The applicant denied any clicking or locking. The applicant did exhibit an antalgic gait. Large portions of the progress note were highly templated and, consequently, very difficult to follow. The applicant did not exhibit a knee joint effusion. Ligamentous stability about the injured left knee was intact. The applicant exhibited normal range of motion and 5/5 knee strength, it was reported. The applicant exhibited a negative McMurray maneuver. X-rays of the knee were negative. The applicant was asked to pursue physical therapy. Prescriptions for Relafen, Tylenol, Bengay, and a knee sleeve were endorsed. The applicant was returned to work with a 25-pound limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant was a nurse, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Q-pap 325mg (Dispensed 6/19/15) Qty: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acetaminophen (APAP).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338; 346.

**Decision rationale:** Yes, the request for Q-PAP (AKA acetaminophen) 325 mg was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346, acetaminophen (AKA Q-PAP) is recommended in the treatment of applicants with knee pain complaints, as were present here on or around the date in question, June 19, 2015. The MTUS Guideline in ACOEM Chapter 13, Table 13-3, page 338 also notes that acetaminophen represents the safest non-prescription method of symptom control for applicants with knee pain complaints. Therefore, the first-time request for Q-PAP (acetaminophen) was medically necessary.

**Retro Knee sleeve reaction medium/large (Dispensed 6/19/15) Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** Conversely, the proposed knee brace dispensed on June 19, 2015 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, using a knee brace is usually unnecessary. Rather, the MTUS Guideline in ACOEM Chapter 13, page 340 notes that a knee brace is necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, the applicant was employed as a registered nurse (RN), as reported above. There was no mention of the applicant's having job duties or job demands which required climbing ladders or carrying boxes. Therefore, the request was not medically necessary.