

Case Number:	CM15-0164416		
Date Assigned:	09/01/2015	Date of Injury:	07/07/2008
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on 7-7-08. The injured worker has complaints of back pain, bilateral knee pain and right ankle pain. The diagnoses have included unspecified disorder of joint. Treatment to date has included hot and cold wraps; transcutaneous electrical nerve stimulation unit; X-rays show a 2 millimeter articular surgery left; magnetic resonance imaging of the right knee in 2015 showed some degenerative changes along the patellofemoral joint, appears to be bracing in nature and a previous meniscectomy; trazodone; Effexor XR; norco; flexeril and tramadol ER. The request was for X-rays anteroposterior, lateral bilateral knees; right ankle brace, Richie brace and lab testing comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays AP/Lateral Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Radiography (x-rays).

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 (Acute & Chronic, Radiography (x-rays) and Other Medical Treatment Guidelines (1) ACR Appropriateness Criteria: Non-traumatic Knee Pain (2) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

Decision rationale: The claimant sustained a work injury in July 2008 and is being treated for low back, bilateral knee, and right ankle pain. Imaging has included MRI scans of both knees and standing x-rays showing findings of decreased joint space. When seen, there was lumbosacral tenderness. There was lower extremity weakness. There was right knee medial joint line tenderness with positive McMurray's testing. There was left knee lateral joint and patellar tenderness. There was right posterior ankle and peroneal tendon tenderness. The claimant denied a medical history of hypertension or diabetes. Trazodone, Effexor XR, Norco, Flexeril, and tramadol were prescribed. Guidelines recommend against repeating diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. Imaging of non-traumatic knee pain can include anteroposterior and lateral radiographs. The anteroposterior view can be performed with the patient either standing or supine. Standing radiographs have been reported to more accurately reflect medial and lateral joint compartment cartilage loss than supine radiographs. In this case, the claimant has already had imaging of the knee and there is no acute injury. Repeat x-rays are not medically necessary.

Right Ankle Brace - Richie Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle Chapter, Work, Causality determination, Bracing (Immobilization), Cam Walker, Cast (Immobilization).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Richie Brace.

Decision rationale: The claimant sustained a work injury in July 2008 and is being treated for low back, bilateral knee, and right ankle pain. Imaging has included MRI scans of both knees and standing x-rays showing findings of decreased joint space. When seen, there was lumbosacral tenderness. There was lower extremity weakness. There was right knee medial joint line tenderness with positive McMurray's testing. There was left knee lateral joint and patellar tenderness. There was right posterior ankle and peroneal tendon tenderness. The claimant denied a medical history of hypertension or diabetes. Trazodone, Effexor XR, Norco, Flexeril, and tramadol were prescribed. Use of a Richie Brace is not recommended in the absence of a clearly unstable joint. In this case, no ankle joint instability is documented by the physical examination that was recorded. The requested brace is not medically necessary.

Lab Testing CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p54.

Decision rationale: The claimant sustained a work injury in July 2008 and is being treated for low back, bilateral knee, and right ankle pain. Imaging has included MRI scans of both knees and standing x-rays showing findings of decreased joint space. When seen, there was lumbosacral tenderness. There was lower extremity weakness. There was right knee medial joint line tenderness with positive McMurray's testing. There was left knee lateral joint and patellar tenderness. There was right posterior ankle and peroneal tendon tenderness. The claimant denied a medical history of hypertension or diabetes. Trazodone, Effexor XR, Norco, Flexeril, and tramadol were prescribed. Periodic lab monitoring of a CBC and chemistry profile can be recommended for patients taking non-steroidal anti-inflammatory medication (NSAID) on a long term basis. In this case, the claimant is not taking an NSAID. There are no clinical findings that would suggest any adverse effect from the other medications being prescribed or clinical findings that would suggest the need for other routine lab testing. The requested lab testing is not medically necessary.