

Case Number:	CM15-0193464		
Date Assigned:	10/07/2015	Date of Injury:	02/21/1997
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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: Emergency 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 69 year old male who sustained an industrial injury on 2-21-97. In a progress report dated 9-11-15, the physician notes left knee pain. He is status post left total knee arthroplasty on 6-25-15. He reports he is still experiencing a "pinching" pain along with muscle soreness. He walks with a cane due to "he does not feel strong enough yet and his balance has been a little off." The left knee is noted to have mild swelling. Work status is to remain off work until 11-16-15. Previous treatment includes physical therapy, surgery, unloader brace, injection-knee, medication, and rest. The treatment plan is physical therapy 2x4, continue Tramadol, and avoid anti-inflammatories due to liver issues. The requested treatment of Tramadol 50mg #60 was modified to 1 prescription of Tramadol 50mg #45 and x-ray of the left knee with 3 views was non-certified on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray of the left knee with 3 views: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee (acute & chronic) Radiography.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are Red-flag findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient is post knee surgery 3 months prior. Patient has had several post op X-rays showing appropriate post surgical changes. Exam shows benign improved knee. There is no documentation of any rationale or justification for this X-ray of the knee with no change in exam. Therefore, this request is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Not a single necessary component is documented on record. Therefore, this request is not medically necessary.