

<b>Case Number:</b>	CM15-0198483		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 represented 42-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 24, 2015. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for knee MRI imaging and ibuprofen. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant reported ongoing complaints of knee pain. Motrin, physical therapy, a transition to home exercise program and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. 4-5/10 knee pain complaints were reported. The attending provider stated that MRI imaging of the knee was being ordered to assess for a possible meniscal tear. The applicant noted a positive McMurray maneuver about the right knee with 120 degrees of knee range of motion noted about the same. The attending provider stated toward the bottom of the note that the applicant had a "possible" meniscal tear, was improving steadily in terms of her function, and would likely progress further with further strengthening. The attending provider suggested that the claimant was approaching maximum medical improvement (MMI) and would likely reach MMI in the next two months. There was no mention of how (or if) the proposed knee MRI would influence or alter the treatment plan. The attending provider stated that the applicant's medications, including Motrin, were beneficial. 4-5/10 pain complaints were reported. The attending provider seemingly suggested that the applicant had and was in the process of transitioning toward a home exercise program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for imaging - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** No, the request for MRI imaging of the knee was not medically necessary, medically appropriate, or indicated here. The attending provider stated on the September 8, 2015 office visit at issue that the applicant carried a diagnosis of "possible meniscal tear." While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, as was seemingly suspected here, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies its position by noting that MRI imaging of the knee is indicated only in those individuals in whom "surgery is contemplated." Here, however, the attending provider's September 8, 2015 office visit stated that the applicant was trending favorably, was approaching maximum medical improvement, was responding favorably to physical therapy, and would likely attain maximum medical improvement in the next two months. It did not appear that surgical intervention was actively considered or contemplated. It did not appear that the proposed knee MRI would influence or alter the treatment plan as the applicant was asked to continue strengthening, physical therapy, and home exercises on that date. There was, thus, no imminent expectation that the applicant would act on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

### **Ibuprofen 600mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Conversely, the request for ibuprofen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first line of treatment for various chronic pain conditions. Here, the attending provider posited on September 8, 2015 that the applicant had responded favorably to ongoing ibuprofen usage, as evinced by increasing standing and walking tolerance, and improved ability to perform home exercises, as evinced by subjective reports of analgesia with the same, improved performance of home exercises, diminishing pain complaints, and reportedly steady improvements in function. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.