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| Case Number: | CM14-0120920 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 07/10/2006 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old female injured on July 10, 2006 while pushing a file cabinet. The injured worker had another injury on May 23, 2014 due to a fall caused by the left knee giving out. Most of the injured worker's complaints from this injury are to the hands and wrists. Clinical note, dated August 21, 2014, indicates the injured worker continues with complaints of pain to bilateral knees as well as bilateral hands/wrists. Knee pain rated at 10 out of 10 on the visual analog scale. Bilateral knee pain is sharp more pain felt in the left knee than the right. Left knee pain radiates to the left ankle. Knees are weak and unstable. The injured worker states her knee gave out on her on many occasions but for the first time, has caused her to fall on May 23, 2014. Physical exam of bilateral knees reveals positive patellar grind maneuver, tenderness present in the medial aspects, no swelling, negative McMurray's test, Drawer's test and Lachman Instability test are negative, varus stress test is negative, instability tests are negative. Range of motion: extension; left and right at 180 degrees; flexion left and right at 140 degrees. Diagnoses include left knee internal derangement with crepitus, L4-5 and L5-S1 disc herniation. On clinical note, dated June 26, 2014, the injured worker reports Vicodin and Tylenol #3 help with all pain. The previous utilization review, dated July 18, 2014, denied request for MRI scan to the left knee and modified the request for Tylenol #3, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (acute and chronic)

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 - MRI

Decision rationale: This is a 57 year old female claimant who sustained an alleged industrial injury on 7/10/2006. The claimant has had a previous MRI of the knee which was reportedly normal. Physical examination of 6/26/14 documents positive patellar grind test but Lachman's, McMurrays' and drawer testing are all negative. The current findings are not significantly different from years past. There is a request for repeat MRI of the left knee. This request remains not medically necessary.

Tylenol #3, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-81.

Decision rationale: This claimant has had chronic bilateral knee pain left greater than right. The claimant has been prescribed opioids since the DOI in 2010, despite which the claimant has failed to improve. The continued use of Tylenol #3 is not indicated given the lack of documentation as to its efficacy. Furthermore there is little or no documentation of regular assessment of the 4 "A's" of ongoing reviews and documentation of pain relief or functional gains to support continuation of the therapy involving Tylenol #3. Therefore the request for Tylenol #3 remains not medically necessary.