

Case Number:	CM14-0094391		
Date Assigned:	07/25/2014	Date of Injury:	06/26/2013
Decision Date:	09/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Ninety pages were provided for review. The application for independent medical review was signed on June 20, 2014. It addressed an MRI of the left knee and a retro review of a urine drug screen. On the urine drug screen, approval was recommended for the qualitative drug testing for the standard drug classes. Per the records provided, this patient is treating for chronic pain of the lumbar spine and the left knee resulting from a slip and fall that occurred on June 26, 2013. He has had extensive conservative treatment and underwent an Agreed Medical Evaluation on January 8, 2014. An MRI of the left knee was obtained on December 27, 2013. It demonstrated the presence of chondromalacia and intrasubstance degeneration of the medial meniscus. The claimant was not a surgical candidate and it was unlikely his condition would change. He continued to treat for persistent low back pain and knee pain and the request now has been submitted for a repeat MRI of the knee. No evidence was submitted to confirm significant change in the claimant's symptoms to suggest a true progression of joint pathology or the emergence of surgical indications. There was a PR-2 form from June 26, 2014. He was released with permanent restrictions. He was in for a refill on his pain medicine as entitled in future medical care. He was in no apparent distress. The assessment was L4-L5 disc bulge, L4-L5-S1 disc bulge, and the left knee contusion. He was given a prescription for Motrin 800 mg into refills of Vicodin. They will continue permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI), left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. The Agreed Medical Examiner noted the prior MRI demonstrated the presence of chondromalacia and intrasubstance degeneration of the medial meniscus. A diagnosis and source of the knee symptoms was clearly identified. Also, it noted that claimant was not a surgical candidate and it was unlikely his condition would change. In this context, it is not clinically clear what would be gained with another knee MRI. The request treatment is not medically necessary under evidence-based criteria.

Urine drug screen: 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 Page(s): 43 of 127.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary under MTUS criteria.