MAXIMUS Federal Services

Case Number:	CM15-0011853		
Date Assigned:	01/29/2015	Date of Injury:	10/29/2014
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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 54-year-old male who reported an injury on 10/31/2014, due to an unspecified mechanism of injury. On 01/26/2015, he presented for a followup evaluation. He reported left knee pain that increased with walking, and was associated with clicking and popping, as well as mild to moderate neck pain. He rated his pain at 3/10 to 4/10. Objective findings included tenderness to palpation over the patella, and a positive McMurray's eliciting mild pain. Range of motion was documented as flexion to 135 degrees and extension to 0 degrees. The cervical spine showed tenderness to palpation over the bilateral paravertebral musculature, and axial compression test was negative. Range of motion to the cervical spine was documented as flexion to 45 degrees, extension to 50 degrees, right rotation to 80 degrees, left rotation to 75 degrees, right bending to 40 degrees, and left sided bending to 40 degrees. He was diagnosed with cervical spine musculoligamentous sprain and strain, left shoulder sprain and strain, bilateral knee patellofemoral arthralgia, and rule out internal derangement of the left knee. He was prescribed Ultram ER 1 to 2 by mouth daily as needed #30, and Fexmid 1 by mouth twice a day #60. The treatment plan was for 1 diagnostic ultrasound study of the left knee, and 1 prescription for Fexmid 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 diagnostic ultrasound study of 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, Knee & Leg(Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The CA MTUS/ACOEM Guidelines indicate that diagnostic studies should be carried out when there is documentation that the injured worker has failed conservative treatment. Based on the clinical documentation submitted for review, the injured worker as noted to be symptomatic regarding the left knee. However, there was a lack of documentation showing that the injured worker has tried and failed recommended conservative treatment towards his knee symptoms to support the request. Also, there is no evidence that he has undergone normal plain radiographs to support the request for a higher imaging study. Therefore, the request is not supported. As such, the request is not medically necessary.

1 prescription of Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that nonsedating muscle relaxants are recommended for the short term treatment of low back pain. The documentation provided indicates that the injured worker was using Fexmid for spasms. However, there was a lack of documentation showing a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long the injured worker has been using this medication. Without this information, a continuation would not be supported, as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.