MAXIMUS Federal Services

Case Number:	CM15-0013182		
Date Assigned:	01/30/2015	Date of Injury:	04/17/2014
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/22/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old male who reported an injury on 04/17/2014. The mechanism of injury was noted as the injured worker was trying to avoid a collision with another person. His diagnoses were noted as left knee internal derangement with focal partial thickness tear insertional tear; posterolateral bend of the ACL. His past treatments were noted to include medication, physical therapy, and activity modification. The diagnostic studies were noted to include an official MRI of the left knee, performed on 05/08/2014, which was noted to reveal an anterior cruciate ligament injury, with no evidence of a meniscal tear. During the assessment on 12/19/2014, the injured worker complained of severe pain in the left knee. It was noted that he was working, but does so with significant difficulty, and taking a variety of pain medication. The physical examination of the left knee revealed a 1+ Lachman; negative pivot shift; negative varus laxity. He was noted to have a positive McMurray's test laterally and lateral joint line tenderness. There was full range of motion noted. It was noted that the injured worker ambulated with an antalgic gait to the left. His medications were noted to include Norco 10/325 mg and Protonix 20 mg. The treatment plan was to proceed with left knee arthroscopic evaluation and treatment. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg #60, post-operatively, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for Anaprox 550 mg #60, postoperatively, left knee, is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are indicated for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The request as submitted indicated that the use of Anaprox 550 was to be used postoperatively. There was no clinical documentation indicating that a surgery was requested. The treatment plan indicated that surgery was considered; however, no surgical intervention has been performed. Furthermore, the rationale for the request was not provided. Given the above, the request is not medically necessary.