

Case Number:	CM15-0014743		
Date Assigned:	02/02/2015	Date of Injury:	12/20/2013
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington

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

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 43-year-old female who reported an injury on 12/20/2013. The injured worker reported a gradual onset of low back and foot pain secondary to continuous activity. The current diagnoses include internal derangement of the right knee with medial meniscus tear and large Bakers cyst, free effusion of the right knee and bilateral heel spur with plantar fasciitis. The latest physician progress report submitted for review is documented on 11/17/2014. The injured worker presented with complaints of persistent pain. The injured worker noted a slip and fall accident in 01/2011. Previous conservative treatment also includes medication management, physical therapy and injections into the right knee. The current medication regimen includes Genicin, hydrocodone, naproxen and omeprazole. Upon examination, there was moderate effusion in the right knee, tenderness upon palpation over the medial joint line, positive McMurray's sign, positive crepitus, positive Steinman's test, tenderness upon palpation over the inferior surface of the calcaneus, positive pain with dorsiflexion of the great toes, intact sensation, 5/5 motor strength and 2+ deep tendon reflexes. Recommendations at that time include a right knee arthroscopy. A Request For Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol B12 injection 60 mg to the Gluteus Muscle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketorolac (Toradol)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state Toradol is not indicated for minor or chronic painful conditions. The physician's progress note on the requesting date was not provided. The medical necessity for a Toradol with B12 injection has not been established in this case. As guidelines do not recommend an injection of Toradol for chronic or acute conditions, the request is not medically appropriate.