

Case Number:	CM15-0111001		
Date Assigned:	06/22/2015	Date of Injury:	09/12/2014
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on 9/12/14. He reported falling off a roof and receiving a head injury. The injured worker was diagnosed as having left knee tricompartmental osteoarthritis, cervicogenic headache and occipital neuralgia, cervical facet arthropathy and bilateral carpal tunnel syndrome. Treatment to date has included oral medications including Robaxin and Ibuprofen, chiropractic treatment, home exercise program and activity restrictions. Currently, the injured worker complains of head, neck, bilateral lower extremity pain and bilateral arm pain. He notes nausea related to the headaches, back pain radiates to bilateral lower extremities with tingling and numbness, bilateral wrist pain with tingling and numbness and neck pain is brought on with movement and is least significant of all pain. He rates the pain 7/10. Physical exam noted tenderness and muscle spasm over the cervical paraspinal and the trapezius musculature bilaterally with tenderness over the mastoid processes without radiation and restricted range of motion, left knee exam noted swelling along the lateral aspect with an antalgic gait and decreased range of motion and positive grind test. A request for authorization was submitted for (MRI) magnetic resonance imaging of left knee and tramadol #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #60 Prescribed 5/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-92.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was previously on NSAIDs and the pain was uncontrolled. The claimant had been on Tramadol for a month and the progress note on 5/13/15 indicated no change in pain. The request to continue Tramadol is not justified and not medically necessary.

MRI Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation ODG- knee chapter and pg 47.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. According to the ODG guidelines: Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case, the claimant has persistent knee pain but the exam findings do not indicate need for surgery, ACL findings, equivocal x-rays with effusion of derangement, etc. As a result, the request for the MRI of the left knee is not medically necessary.