

<b>Case Number:</b>	CM15-0115350		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 25-year-old who has filed a claim for chronic knee, hip, and low back pain reportedly associated with an industrial injury of October 16, 2014. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve requests for Ultram, Keratek analgesic gel, and an MR arthrogram of the right knee. In separate utilization review reports dated May 16, 2015, the claims administrator failed to approve request for tramadol, knee MR arthrography, and a Keratek analgesic gel. The claims administrator referenced an RFA form received on May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported multifocal complaints of low back, hip, and knee pain with derivative complaints of sleep disturbance. The applicant was not currently working, it was acknowledged, and last worked on October 30, 2014, it was stated. The applicant had undergone an earlier knee meniscectomy procedure on December 8, 2014, it was stated. The applicant exhibited well-healed arthroscopic portals about the injured knee with 130 degrees of right knee range of motion. A positive McMurray was noted. The attending provider stated that he suspected a new meniscal tear following earlier failed knee arthroscopy. The applicant stated that his knee pain was associated clicking, locking, giving way, weakness, and alleged buckling. Naprosyn, tramadol, and Keratek analgesic gel were endorsed. The applicant was given work restrictions, which the treating provider stated that the applicant's employer was unable to accommodate. In a May 7, 2015 RFA form; the attending provider reiterated his request for the knee MR arthrography, physical therapy, tramadol, Naprosyn, and the Keratek analgesic gel in question.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultram (Tramadol) 50 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94.

**Decision rationale:** Yes, the request for Ultram (tramadol) was medically necessary, medically appropriate, and indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain, as was present here on or around the date in question, April 13, 2015. The request in question, furthermore, was framed as a first time request for tramadol. On that date, the applicant had apparently transferred care to a new primary treating provider (PTP), reporting multifocal pain complaints in the moderate-to-severe, range, as high as 7/10. Introduction of tramadol was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

### **MRI arthrogram right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg 485 MR ARTHROGRAM Magnetic resonance imaging with arthrography (MR arthrography) has been performed to evaluate meniscal and chondral lesions,441, 442 for example following hondrocyte and meniscus implants.442, 443 Recommendation: MR Arthrogram for Evaluation of Select Patients Needing Advanced Meniscal and Cartilage Imaging and Following Chondrocyte Implantation MR arthrograms are recommended for select patients who require advanced imaging of the menisci and articular cartilage or following procedures such as chondrocyte implantation.Indications Patients with negative or equivocal MRI imaging with ongoing suspicion of clinically significant intra-articular pathology such as meniscal tears or articular cartilage defects or following selected procedures such as chondrocyte implantation. Strength of Evidence Recommended, Insufficient Evidence (I).

**Decision rationale:** Similarly, the request for MR arthrography of the knee was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of MR arthrography. However, the Third Edition ACOEM Guidelines Knee Chapter does note that MR arthrography can be employed in select applicants who require advanced imaging of the menisci following selective procedures. Here, the applicant had undergone an earlier failed knee arthroscopy. The applicant still has mechanical symptoms including locking, buckling, and giving way present on or around the date(s) of the request, April 13, 2015 and May 7, 2015. Pursuit of MR arthrography was, thus, indicated to delineate the presence or absence of a new meniscal tear or re-tear of the meniscus following the earlier failed knee surgery. Therefore, the request was medically necessary.

**Kera-Tek gel for the right knee: Overturned**

**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 Salicylate topicals Page(s): 105.

**Decision rationale:** Finally, the request for Keratek gel was medically necessary, medically appropriate, or indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topical such as Keratek gel are recommended in the chronic pain context present here. The request here, furthermore, was framed as a first time request for the same, apparently issued for the first time on April 13, 2015. Introduction of the Keratek gel was, thus, indicated, given the applicant's persistent pain complaints in the 7/10 range reported on that date. Therefore, the request was medically necessary.