

Case Number:	CM15-0115475		
Date Assigned:	06/23/2015	Date of Injury:	02/22/2010
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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 43 year old female, who sustained an industrial/work injury on 2/22/10. She reported initial complaints of left knee and arm pain. The injured worker was diagnosed as having lumbar sprain/strain, medial epicondylitis, cervical sprain/strain, and bilateral knee sprain. Treatment to date has included medication, acupuncture, and home exercise program. Currently, the injured worker complains of left knee and left upper extremity pain that the acupuncture was helping the symptoms (described as moderate, frequent, dull, sharp, numbness and weakness). Pain was rated 8/10 without medication and 4-6/10 with medication. Per the primary physician's progress report (PR-2) on 4/29/15, examination reveals tender paraspinals with guarding, decreased range of motion of the lumbar spine with mild spasm, tender medial/lateral joint of the left knee with crepitus, and there is tenderness in the bilateral shoulders. The requested treatments include MRI of the left knee and Fexmid 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 348-350.

Decision rationale: The patient is a 43 year old female who sustained an injury in February of 2010. She subsequently has been diagnosed with a left knee strain. Treatment has included medications, acupuncture, and exercises. The request is for an MRI of the left knee. There is poor documentation of the "red flags" necessary to justify an MRI. These include symptoms such as locking or catching or objective evidence of ligamentous injury. As such the request is not medically necessary.

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 Page(s):
63 of 127.

Decision rationale: The patient is a 43 year old female who sustained an injury in February of 2010. She subsequently has been diagnosed with in part, lumbar strain. Treatment has included medications, acupuncture, and exercises. The request is for the use of the muscle relaxant Flexmid. The MTUS guidelines state that the use of muscle relaxants can be used for short-term use after injury as a second-line treatment. They show no additional benefit beyond NSAIDs for pain relief. Due to the remote nature of the injury, the use of muscle relaxants at this point would not be suggested. The request is not medically necessary.