

Case Number:	CM15-0126405		
Date Assigned:	08/05/2015	Date of Injury:	07/14/1998
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 46-year-old female who sustained an industrial injury on 7-14-98 from a motor vehicle accident where she was struck by a truck on the driver's side. She had immediate onset of pain in the neck, right ribs, low back, right hip and right knee. There was bruising over her right upper arm and she had broken glass embedded in her back. She was extricated from the vehicle and taken to the hospital where she was medically evaluated and had x-rays. Computed tomography's cans to rule out internal bleeding were negative. She had MRI's of the lumbar spine and right knee. She currently complains of increased right knee pain, popping, clicking and giving out. She has pain radiating into the lower extremity; neck pain and stiffness radiating into the upper back and down the shoulders, greater on the right; low back pain and stiffness; rib pain and discomfort. On physical exam, there was crepitus medially, laterally and under the patella of the right knee. Medication was meloxicam. Diagnoses include contusion right lower rib cage; chondromalacia patella, right knee; previous arthroscopy, right knee (8-1997); contusion of the right knee; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; musculoligamentous sprain of the cervical spine with right upper extremity radiculitis; disc protrusion L4-5; status post arthroscopy, right knee with minimal chondroplasty of the patella (5-31-00); disc bulge L5-S1; status post intradiscal electrothermal annuloplasty procedure (8-22-03); disc bulge L4-5 and L5-S1; facet hypertrophy, lumbar spine; recurrent tears medial and lateral meniscus, right knee; chondromalacia patella, right knee; status post arthroscopy right knee with partial medial and lateral meniscectomy (3-10-11); right L4 radiculopathy. Treatments to date include medication; inversion table and exercise program; H-wave or Surgi-Stim unit.

Diagnostics include lumbar MRI (12-6-10) abnormal. In the progress note dated 6-9-15 the treating provider's plan of care included requests for weight-bearing x-ray of the right knee; MRI of the right knee; Ketorolac 60 mg with Xylocaine 1 milliliter for relief of neck symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One injection of Ketorolac 60mg and Xylocaine 1 ml: Upheld

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

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

Decision rationale: Based on the 06/09/15 progress report provided by treating physician, the patient presents with right knee pain that radiates into the lower extremity. The patient is status post right knee arthroscopy 06/1997, right knee arthroscopy with minimal chondroplasty of the patella 05/31/00, and right knee arthroscopy with partial medial and lateral meniscectomy 03/10/11. The request is for one injection of Ketorolac 60mg and Xylocaine 1 ml. RFA not provided. Patient's diagnosis on 06/09/15 includes chondromalacia patella right knee, contusion right knee, right knee recurrent medial and lateral tears, and lumbar radiculopathy. Physical examination to the right knee on 06/09/15 revealed crepitus medially, laterally and under patella. Treatment to date has included surgeries, imaging studies, inversion table, exercise program; H-wave or Surgi-Stim unit, and medications. Patient's medications include OTC Tylenol and Meloxicam. Treater states in 06/09/15 report that the patient was "awarded case," and may return to work with restrictions. Treatment reports were provided from 03/04/09 - 06/09/15. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs. oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." Treater has not provided reason for the request. Per 06/09/15 report, treater states "Ketorolac 60mg with Xylocaine 1ml is given in the arm or upper buttock area intra-muscularly for relief of the patient's neck symptoms." In this case, treater does not discuss why the patient needs Ketorolac injection in addition to taking oral NSAIDs, which provides comparable levels of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic painful conditions." Available progress reports do not indicate that the current injection request is for an acute episode of pain. The patient has been given Ketorolac injection per progress reports dated 05/09/13, 03/25/14, 12/16/14 and 03/17/15; and there is no documentation of benefit from prior injections. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

One weight bearing x-ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, under X-ray.

Decision rationale: Based on the 06/09/15 progress report provided by treating physician, the patient presents with right knee pain that radiates into the lower extremity. The patient is status post right knee arthroscopy 06/1997, right knee arthroscopy with minimal chondroplasty of the patella 05/31/00, and right knee arthroscopy with partial medial and lateral meniscectomy 03/10/11. The request is for one weight bearing x-ray of the right knee. RFA not provided. Patient's diagnosis on 06/09/15 includes chondromalacia patella right knee, contusion right knee, right knee recurrent medial and lateral tears, and lumbar radiculopathy. Treatment to date has included surgeries, imaging studies, inversion table, exercise program; H-wave or Surgi-Stim unit, and medications. Patient's medications include OTC Tylenol and Meloxicam. Treater states in 06/09/15 report that the patient was "awarded case," and may return to work with restrictions. Treatment reports were provided from 03/04/09 - 06/09/15. ODG guidelines knee chapter, under X-ray states: "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." Treater has not provided reason for the request. Physical examination to the right knee on 06/09/15 revealed crepitus medially, laterally and under patella. There is no indication of prior X-ray imaging of the right knee. In this case, the patient is status post multiple surgeries to the right knee and continues with pain. However, treater does not state suspicion of a fracture with positive Ottawa knee criteria for which an X-ray would be indicated. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

One MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's (magnetic resonance imaging).

Decision rationale: Based on the 06/09/15 progress report provided by treating physician, the patient presents with right knee pain that radiates into the lower extremity. The patient is status post right knee arthroscopy 06/1997, right knee arthroscopy with minimal chondroplasty of the patella 05/31/00, and right knee arthroscopy with partial medial and lateral meniscectomy 03/10/11. The request is for one MRI of the right knee. RFA not provided. Patient's diagnosis on 06/09/15 includes chondromalacia patella right knee, contusion right knee, right knee recurrent medial and lateral tears, and lumbar radiculopathy. Physical examination to the right knee on 06/09/15 revealed crepitus medially, laterally and under patella. Treatment to date has included surgeries, imaging studies, inversion table, exercise program; H-wave or Surgi-Stim unit, and medications. Patient's medications include OTC Tylenol and Meloxicam. Treater states in 06/09/15 report that the patient was "awarded case," and may return to work with

restrictions. Treatment reports were provided from 03/04/09 - 06/09/15. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "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. (Weissman, 2011)" Treater has no provided reason for the request. The patient's latest surgery was for right knee arthroscopy with partial medial and lateral meniscectomy on 03/10/11. Per AME report dated 06/03/09, the patient had a right knee MRI on 05/08/99. In this case, the patient continues with knee pain, and there is no indication that a postoperative MRI has been taken. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.