

Case Number:	CM15-0173122		
Date Assigned:	10/01/2015	Date of Injury:	06/02/2013
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: North Carolina

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 49 year old female, who sustained an industrial injury on 06-02-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral carpal tunnel syndrome with ongoing symptoms, chronic neck and back pain, and bilateral shoulder pain. Medical records (02-23-2015) indicate ongoing pain, numbness and tingling in both hands and wrist. Pain levels were 4-9 out of 10 on a visual analog scale (VAS). Other complaints have included neck and back pain, and shoulder pain. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. A physician letter, dated 07-09-2015, reports complaints of left knee issues and that the IW had recently had an arthroscopic surgery to the left knee with post-operative development of superficial thrombophlebitis, which was treated with conservative therapies (heat, elevation and slow progressive motion). These therapies were reported to be unsuccessful with continued symptoms of persistent pain and tenderness. The physical exam, dated 07-30-2015, revealed ongoing complaints of bilateral knee pain; however, there were no objective findings of the knees as these were not addressed. The treating physician stated that the IW insisted that x-rays of both knees be taken. Relevant treatments have included right carpal tunnel release, left knee arthroscopy, physical therapy (PT), work restrictions, and pain medications (failed Dexilant, MS Contin and Norco). The request for authorization (08-03-2015) shows that the following test and medication were requested: x-rays of both knees and Ultram 50mg. The original utilization review (08-21-2015) non-certified the request for x-rays of both knees, and conditionally non-certified the request for Ultram 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of both knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Initial Care.

Decision rationale: The ACOEM chapter on knee complaints states: The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall; Palpable tenderness over fibular head or patella; Inability to walk (four steps) or bear weight immediately or within a week of the trauma; Inability to flex knee to 90 degrees. The patient has no documented joint effusion, flexion restriction, inability to walk or patellar tenderness on exam. Therefore, the request is not medically necessary.