

Case Number:	CM15-0062331		
Date Assigned:	04/08/2015	Date of Injury:	02/07/2011
Decision Date:	06/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	04/01/2015

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, Arizona
 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 50 year old male, who sustained an industrial injury on February 7, 2011, incurring knee injuries from repetitive motions and activities. He was diagnosed with a tear of the meniscus of the knee, osteoarthritis and internal derangement of the knee. Treatment included pain management and diagnostic imaging. On 2/16/15, the injured worker complained of constant right knee pain. The injured worker had decreased range of motion with tenderness and synovitis. The injured worker had a positive McMurray's test. There was decreased tenderness of the MCL. The MRI was noted to be reviewed and indicated a possible MCL complete rupture. The diagnosis included right knee limited range of motion from 20 degrees to barely 60 degrees, marked tenderness over the joint line, tenderness over the medial tibial femoral joint line, left knee synovitis and knee contracture. The treatment plan included a diagnostic and operative arthroscopy, possible meniscectomy, possible repair, plica release and application of joint dressing, a medical clearance, steroid injection for synovitis prior to surgery, and a refill of Sulindac, hydrocodone and baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovitis steroid injection right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The ACOEM Guidelines indicate invasive techniques including cortisone injections are not routinely indicated. The clinical documentation submitted for review indicated the injured worker had pain in the knee and a request was made for surgical intervention and an injection. The documentation indicated the injured worker was approved for surgical intervention and as such, would not need the injection. Given the above, the request for synovitis steroid injection right knee is not medically necessary.

Medical consultation for surgery clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the physician was requesting surgical intervention for the injured worker. This request would be supported. However, this review presumes that a surgery is planned and will proceed. There is not medical necessity for this request if the surgery does not occur. Given the above, the request for medical consultation for surgery clearance is medically necessary.

Continuous-flow cryotherapy unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg procedure therapy, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate continuous-flow cryotherapy is recommended postoperatively from up to 7 days. The request as submitted failed to indicate the duration of rental. The request as stellate ganglion block failed to indicate the body part to be treated. Given the above, the request for continuously flow cryotherapy unit is not medically necessary.

Baclofen 10 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide a rationale for the medication l the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for a rationale for the requested 1 refill. There was a lack of documentation of exceptional factors as this medication is recommended for short term use only. Given the above, the request for baclofen 10 mg #30 with 1 refill is not medically necessary.