

Case Number:	CM15-0078867		
Date Assigned:	04/30/2015	Date of Injury:	12/06/2014
Decision Date:	05/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old male, who sustained an industrial injury on 12/6/2014. He reported jumping over a fence and impaling himself on the spikes, resulting in injuries to his back and right lower extremity. Diagnoses have included right knee end-stage arthritis, history of industrial right medial collateral ligament injury, status post medial collateral ligament reconstruction, right knee arthrofibrosis and left knee compensatory pain. Treatment to date has included physical therapy, corticosteroid injection and medication. According to the progress report dated 3/12/2015, the injured worker complained of bilateral knee pain. He complained of right knee pain rated 7/10 which increased to 8/10 with prolonged standing, walking, bending and twisting. He reported that Tramadol improved his pain level from 9/10 to 3/10. Exam of the right knee revealed severe loss of range of motion and palpable tenderness over the medial portion of the knee. Exam of the left knee revealed tenderness over the medial portion. There was a positive McMurray's sign over valgus and varus stress. Authorization was requested for left knee magnetic resonance imaging (MRI) and Kera-Tek Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343, tables 13-1, 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329 - 353.

Decision rationale: The patient is a 55 year old male with an injury on 12/06/2014. He jumped over a fence and injured his right knee and back. He had right knee surgery. He also had treatment with physical therapy, medications and steroid injections. On 03/12/2015 he had bilateral knee pain. There is no documentation of a recent left knee injury. There were no red flag signs of the left knee. While he may have used his left knee more during rehabilitation of the right knee after the injury and surgery, there is no documentation that the patient failed a course of conservative therapy for the left knee. Based on MTUS, ACOEM guidelines, the documentation does not substantiate the medical necessity of a left knee MRI at this point in time. Therefore, the request is not medically necessary.

Kera-Tek Gel 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 55 year old male with an injury on 12/06/2014. He jumped over a fence and injured his right knee and back. He had right knee surgery. He also had treatment with physical therapy, medications and steroid injections. On 03/12/2015 he had bilateral knee pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended then the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.