

Case Number:	CM15-0091372		
Date Assigned:	05/15/2015	Date of Injury:	06/08/2009
Decision Date:	06/17/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female, who sustained an industrial injury on June 8, 2009. The injured worker was diagnosed as having right and left hip pain, meniscal tear, osteoarthritis, rule out facet syndrome and derangement post horn medial meniscus. Treatment to date has included surgery, magnetic resonance imaging (MRI), and medication. Magnetic resonance imaging (MRI) dated March 13, 2015 reveals increased density consistent with degeneration and meniscal tear is not excluded. A progress note dated March 10, 2015 the injured worker complains of bilateral hip pain radiating to lumbosacral area and legs, left leg pain radiating to feet with numbness and weakness. There is lumbosacral area with numbness and weakness and knee pain. She rates right hip pain 3/10, left hip pain 5/10 and left leg 7/10. She reports pain when walking. Physical exam notes decreased hip range of motion (ROM) and left knee swelling with tenderness on palpation. The plan includes labs, pain management, physical therapy, Norco, ibuprofen, Flector patches, magnetic resonance imaging (MRI) and X-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in June 2009 and continues to be treated for low back and lower extremity pain. When seen, she was having left knee pain. There was swelling and anterior, medial, and posterior knee tenderness and pain with McMurray testing causing pain. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, although McMurray testing was positive, there is no reported acute injury to the knee and no report of recent plain film imaging results of the knee. Therefore, an MRI of the knee is not medically necessary.

Flector patches 1.3% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics, (3) NSAIDs, specific drug list & adverse effects Page(s): 68-71, 111-113.

Decision rationale: The claimant sustained a work-related injury in June 2009 and continues to be treated for low back and lower extremity pain. When seen, she was having left knee pain. There was swelling and anterior, medial, and posterior knee tenderness and pain with McMurray testing causing pain. In terms of the requested Flector patch, a trial of topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Prescribing Flector was not medically necessary.