

Case Number:	CM14-0141724		
Date Assigned:	09/10/2014	Date of Injury:	08/05/2009
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who sustained injuries to bilateral knees as a result of trip and fall on 08/05/09. In addition to this there were reports of right shoulder pain. The injured worker underwent left knee arthroscopy on 03/22/10 and right knee arthroscopy on 09/12/11. EMG/NCV dated 02/07/13 found no evidence of radiculopathy. A clinical note from [REDACTED] dated 02/22/13, reports he recommended 0% apportionment for the lumbar spine. Serial clinical records indicate that the injured worker continued to gain weight. She utilized custom braces for the right knee. She used a cane and walker with ambulation. She developed increasing low back pain radiating to the leg. The most recent clinical note dated 09/03/14 did not provide examination of the lumbar spine. She had tenderness of the knee. Range of motion of the knee was 80-155 degrees. McMurray's test was negative. Utilization review determination dated 08/21/14 non-certified the request for Ultracet 37.5mg #60 and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): 74-80.

Decision rationale: The request for Ultracet 37.5mg #60 is not supported as medically necessary. The injured worker has been on opiate medications for over five years. The record provides absolutely no data indicating that the injured worker undergoes urine drug screening. There is no reported data establishing functional improvements. Serial VAS scores are not recorded. As such the injured worker would not meet criteria per CA MTUS for chronic use of opioids.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The request for MRI of the lumbar spine is not supported as medically necessary. Per the submitted clinical records [REDACTED] has found 0% apportionment for low back complaints per his clinical note dated 02/22/13. Irrespective of this the most recent clinical note dated 09/03/14 provides no examination of the low back or lower extremities to establish that the injured worker has a progressive condition which would warrant the performance of MRI of the lumbar spine. As such, medical necessity of the request is not established.