

Case Number:	CM13-0005243		
Date Assigned:	12/18/2013	Date of Injury:	11/19/2011
Decision Date:	01/31/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Suregry and is licensed to practice in Texas. 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 physician 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 patient is a 36-year-old male who reported an injury on 11/19/2011 after falling off of a haystack for approximately 6 feet into a standing position. An MRI of the right knee revealed severe degenerative changes, a grade IV chondromalacia, joint effusion with synovitis, and evidence of a chronic anterior cruciate ligament tear. Surgical intervention was recommended as the patient had failed to respond to conservative care and the patient's ability to participate in activities of daily living was significantly impacted. The patient underwent medial and lateral meniscectomies, right knee arthroscopic chondroplasty in 03/2013. The patient received postsurgical physical therapy. The patient's most recent clinical examination findings included postsurgical knee pain rated at a 2/10 to 8/10. Clinical findings included range of motion described as 5 degrees to 120 degrees with quadriceps and hamstring strength rated at 4/5. There was no instability noted within the physical findings. It was noted that the patient had completed 20 visits of physiotherapy and that the patient was participating in a home exercise program. Medications included Norco 10/325 mg 2 to 4 times per day. The patient's diagnoses included status post right knee arthroscopic sub total medial and lateral meniscectomy and chondroplasty, and chronic right knee ACL tear. The patient's treatment plan included a customized ACL knee brace for stabilization, a pain management referral, postoperative physiotherapy, Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 PAIN MANAGEMENT CONSULTATION
BETWEEN 6/12/2013 AND 9/10/2013: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 6, page(s) 163

Decision rationale: The prospective request for 1 pain management consultation between 06/12/2013 and 09/10/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is status post surgical intervention of the right knee. The patient's postsurgical pain has been managed with a single narcotic. The American College of Occupational and Environmental Medicine recommends specialty consultation when additional expertise is needed to contribute to a patient's treatment plan. The patient is not on multiple medications that need to be managed and the patient's pain is responsive to conservative measures, a referral to pain management would not be indicated. As such, the requested prospective request for 1 pain management consultation between 06/12/2013 and 09/10/2013 is not medically necessary or appropriate.

PROSPECTIVE REQUEST FOR 1 CUSTOM ACL RIGHT KNEE BRACE: 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) Knee and Leg Chapter, Knee Brace

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

Decision rationale: The prospective request for 1 custom ACL right knee brace is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has a chronic ACL tear that has been managed with a knee brace. It is noted that this knee brace has worn out. Official Disability Guidelines do recommend the use of a prefabricated knee brace for ligament insufficiency and deficiency. However, a custom fabricated knee brace must be supported by significant abnormal limb contour, skin changes, severe osteoarthritis, maximal offloading of painful or repaired knee compartment, or severe instability. The clinical documentation submitted for review does not provide any evidence of abnormal limb contour, skin changes, severe osteoarthritis, the need for maximal offloading, or severe instability upon physical examination. Therefore, a custom fabricated knee brace would not be indicated. As such, the requested 1 custom ACL right knee brace is not medically necessary or appropriate.

PROSPECTIVE REQUEST FOR 8 ADDITIONAL POST-OP PHYSICAL THERAPY SESSIONS BETWEEN 6/12/2013 AND 9/10/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Surgery Page(s): 24-25.

Decision rationale: The requested 8 additional postoperative physical therapy sessions between 06/12/2013 and 09/10/2013 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued minimal deficits following right knee surgery. The California Medical Treatment Utilization Schedule recommends up to 12 physical therapy visits for meniscectomy and surgery for chondromalacia. The clinical documentation submitted for review does provide evidence that the patient has already received 20 physical therapy visits for the postsurgical treatment of this patient and that the patient is participating in a home exercise program. As the patient is well versed in a home exercise program, there are no barriers noted to preclude further progress of the patient while participating in a home exercise program. Additionally, the clinical documentation submitted for review does not provide any exceptional factors to extend treatment beyond guideline recommendations. As such, the requested 8 additional postoperative physical therapy sessions between 06/12/2013 and 09/10/2013 is not medically necessary or appropriate.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for 1 prescription of Norco 10/325 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of a patient's chronic pain be supported by quantitative measures to support pain relief, management of side effects, documentation of increased functional benefit, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of quantitative measures to support pain relief, increased functional benefit as a result of the medication usage, or monitoring for aberrant behavior. As such, continued use of Norco 10/325 mg would not be indicated. As such, the requested 1 prescription of Norco 10/325 mg #90 is not medically necessary or appropriate.