

Case Number:	CM13-0014530		
Date Assigned:	09/27/2013	Date of Injury:	11/19/2011
Decision Date:	03/10/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Management 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 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 injured worker reported a date of injury on November 19, 2011. The patient has chronic right knee pain and underwent an arthroscopic subtotal medial and lateral meniscectomy and chondroplasty of full thickness chondral lesions on the lateral femoral condyle and tibial plateau on March 18, 2013 . The patient has diagnoses of right ACL tear, knee degenerative joint disease, and chondromalacia of patella. The patient has been treated conservatively with physical therapy, tramadol, NSAID, and topical cream. The disputed issues include a request for a custom ACL knee brace, four sessions of postoperative physical therapy, and one prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 custom ACL knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340,Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: In the case of this injured worker, there is documentation of an ACL tear which warrants bracing. However, prefabricated braces are recommended for ACL tears, unless

there are extenuating circumstances in which a custom brace is warranted. There is lack of rationale or documentation of any extenuating circumstances as enumerated by the Official Disability Guidelines above for the use of custom bracing, and this request is not recommended for certification.

4 postoperative physiotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14.

Decision rationale: The submitted documentation do not indicate the total number of post-operative physical therapy visits. It is noted that conservatively the patient has had a steroid injection, pain medications including topical and oral medications, use of cane, and many sessions of physical therapy. The submitted documentation are organized in a fragmented manner (and include utilization review determination that are not germane to the issues of the present independent medical review) and do not contain physical therapy notes to indicate how many post-operative session have been completed. Given the lack of clarity of prior PT, the current request is non-certified.

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 Page(s): 76-80.

Decision rationale: In the case of this injured worker, there is documentation of right knee ACL tear, chondromalacia patella, and degenerative joint disease. The medical records were reviewed, but there was failure of any recent progress notes to document the patient's continued functional benefit from narcotic pain medications. It is noted that the patient has been on Norco as early as December 2012 in the progress notes, but a more recent note was not identified. The utilization review determination is upheld, and the request for #120 Norco is not recommended for certification.