

<b>Case Number:</b>	CM13-0015370		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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.

### 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 57-year-old male with date of injury on 02/07/2012. The progress report dated 08/28/2013 by [REDACTED] noted that the patient's diagnoses include: Pain in knee/patellofemoral syndrome, sprain lumbar region, sprain of the knee and leg NOS. The patient continues with severe right knee pain and has difficulty with walking. Objective findings include tenderness to the right knee with associated stiffness and swelling. The patient's knee was aspirated and injected with cortisone. Continued request remained as far back as the 01/05/2013 progress report for MRI of the right knee. Progress report from 02/05/2013 to 08/28/2013 showed the patient was taking Norco for pain control. The utilization review letter dated 08/01/2013 denied the right knee MRI due to lack of documentation of prior conservative care and denial of Norco due to absence of documentation of increased function from medications use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 341.

**Decision rationale:** The patient continues with right knee pain. The progress report dated 08/28/2013 indicated the patient underwent cortisone injection. I reviewed 6 progress reports

between 01/05/2013 and 08/28/2013. None of these reports appear to document any report of conservative therapy such as physical therapy and acupuncture. The treater does not mention whether or not conservative treatments have failed in the past. There is no mention of what is to be looked for in obtaining an MRI, such as to rule out internal derangement. ACOEM Guidelines page 341 regarding special studies states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There appears to be significant amount of time to allow for observation. However, no documentation by the treating provider was noted regarding failure of conservative treatments such as physical therapy. Records did not appear to indicate any signs of red flags or signs of instability. Therefore, my recommendation is for denial.

**Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** The patient appears to suffering from chronic back pain as well as chronic right knee pain. The progress reports between 02/05/2013 and 08/28/2013 indicate the patient has been using Norco for pain medication. The progress reports between 02/05/2013 and 08/28/2013 were reviewed. The treating provider failed to document any significant functional benefit the patient received from taking this medication. MTUS page 88, 89 states that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Under outcome measures on page 80, 81, MTUS recommends the following to be documented: Current pain, the least reported pain or the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. None of the reports provided contain documentation of functional benefit from this medication. Therefore, recommendation is for denial.