

Case Number:	CM13-0022449		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2011
Decision Date:	02/11/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/10/2013

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, and Pain Management and 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. 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 traffic officer who injured himself on 1/14/2011 when he accidentally walked into a tow truck lift at the tow yard for impounded vehicles. He struck his right knee on the tow truck. He underwent right knee surgery on 11/30/11 and reported gradual onset of left knee pain, in which he felt was from overcompensation for the right knee. He has been diagnosed with s/p right knee scope, with complete synovectomy on 11/30/11, residual patellar tendon/PFA, and complex tear of the posterior horn medial meniscus. He underwent a 2nd surgery to the right knee on 8/7/2013. The IMR application shows a dispute with the 8/23/13 Utilization Review decision, which was from [REDACTED] [REDACTED] reviewed the 7/30/13 medical report and recommended non-certification for the orthostim4 unit and modified Norco #60 to allow #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for Orthostim4 unit: 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 Page(s): 114-121.

Decision rationale: The OrthoStim4 unit is a combination unit that does the following: High volt pulsed; interferential stim; pulsed direct current; and neuromuscular electrical stim. (NMES). While the interferential portion of the unit may have some post-operative benefit, MTUS specifically states NMES is not recommended. The request for supplies for OrthoStim4 unit with NMES is not in accordance with MTUS guidelines.

60 Norco 5/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: The patient underwent his second right knee surgery on 8/7/13 and was prescribed Norco 5/325mg #60 for pain. The patient is reported to have moderate pain and antalgic gait prior to the surgery. It would not be unreasonable to expect the patient might have pain immediately following the surgery. The surgery was on 8/7/13. The Utilization Review (UR) denial came on 8/23/13, and there are no follow-up reports available for IMR that show post-surgical pain assessments. The patient appears to have met the criteria for Norco prior to the surgery, as UR allowed #30 tablets based on the 7/30/13 medical report. There does not appear to be a guideline to support the UR modification or to deny the use of pain medication following a surgery. Based on the information provided for IMR, the patient had moderate to high pain levels and underwent a surgical procedure for correction. The use of Norco appears consistent with MTUS guidelines for the patient's reported pain.