MAXIMUS Federal Services

Case Number:	CM13-0029567		
Date Assigned:	11/01/2013	Date of Injury:	03/04/2012
Decision Date:	08/29/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation and Pain Management, 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 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 patient is a 27 year old with an injury date on 3/4/12. Patient complains of ongoing right knee pain rated 7/10 per 3/4/12 report. Patient also has right thigh pain and is currently taking Coumadin per 3/4/12 report. Based on the 9/11/13 progress report provided by [redacted] the diagnoses are: 1. Recommend discontinue Coumadin after 6 months2. Recommend ultrasound right though rule out deep vein thrombosis3. Right thigh/knee pain4. Deep vein thrombosis (DVT) 5. s/p right meniscus tear 9/11/13 Review of reports showed no physical exam results post knee surgery on 8/16/13, but one on 6/24/13 showed normal range of motion of right knee. [redacted] is requesting ultrasound of right thigh and prescription of Percocet 5/325 mg #30. The utilization review determination being challenged is dated 9/17/13. [redacted] is the requesting provider, and he provided treatment reports from 4/29/13 to 9/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND OF RIGHT THIGH: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
http://www.merckmanuals.com/professional/cardiovascular_disorders/peripheral_venous_disorders/deep_venous_thrombosis_dvt.html#v941131.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines have the following regarding Venous Thrombosis, Knee Surgery ChapterVenous Thrombosis.

Decision rationale: This patient presents with right knee pain and is s/p right knee arthroscopy for meniscus tear from 8/16/13. The treating physician has asked for ultrasound of right thigh but the date of the request is not known. The treating physician appears to be concerned about Deep vein thrombosis (DVT) following a recent knee surgery. Unfortunately, the treating physician does not provide any examination finding. However, potential DVT is a clinical suspicion and examination findings may be normal. U/S studies are appropriate in evaluation of DVT and the request is medically necessary and appropriate.

PRESCRIPTION OF PERCOCET 5/325MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain Page(s): 60,61.

Decision rationale: This patient presents with right knee pain and is s/p right knee arthroscopy for meniscus tear from 8/16/13. The treating physician has asked for prescription of Percocet 5/325 mg #30. The 7/15/13 Agreed Medical Evaluators (AME) shows patient is taking Vicodin on 7/6/12 and Hydrocodone on 4/1/13 report. It does not appear patient is a chronic opioid user, and has no history of taking Percocet. Regarding medications for chronic pain, MTUS pg. 60 states treating physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, patient is a month removed from right knee surgery and a trial of Percocet for pain management appears reasonable and within MTUS guidelines.