

Case Number:	CM13-0062684		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2012
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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, has a subspecialty in Sports Medicine 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 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 injured worker is a 46-year-old male who reported an injury on 01/18/2012. The mechanism of injury was not provided. Current diagnoses include status post left knee arthroscopy in 10/2012, left ankle sprain, left great toe sprain, and lumbar spine musculoligamentous sprain. The injured worker was evaluated on 11/05/2013. The injured worker had completed 6 sessions of acupuncture treatment. The injured worker continued to report left knee pain. Current medications include Fexmid, Ultram ER, and sonata. Physical examination revealed well healed portal scars, tenderness over the medial joint line, crepitus, and 0 to 115 degree range of motion. Treatment recommendations included an x-ray of the left knee, authorization for an MR arthrogram of the left knee and continuation of current medications including Norco and sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SET OF XRAYS OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with crepitus and slightly diminished range of motion. There is no documentation of a progression or worsening of symptoms or physical examination findings. There is no documentation of an acute inflammation or an acute trauma. The medical necessity has not been established.

ONE MR ARTHROGRAM OF THE LEFT KNEE: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, MR Arthrography Section

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines (ODG) state MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair, or for meniscal resection. As per the documentation submitted, there is no indication of a medial meniscal tear. There is also no mention of an exhaustion of conservative treatment. The medical necessity for the requested procedure has not been established.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, there is no indication of a failure to respond to nonopioid analgesics. There is also no frequency listed in the current request. Therefore, the medical necessity has not been met.

VICODIN 5/500MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, there is no indication of a failure to respond to nonopioid analgesics. There is also no frequency listed in the current request. Therefore, the medical necessity has not been met.

ONE PRESCRIPTION OF SONATA 10MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment Section

Decision rationale: The Official Disability Guidelines (ODG) state insomnia treatment is recommended based on etiology. Sonata is a nonbenzodiazepine sedative hypnotic that reduces sleep latency. As per the documentation submitted, there is no indication of chronic insomnia or sleep disturbance. There is also no evidence of an objective functional improvement as a result of the ongoing use of this medication. There is no frequency listed in the current request. Therefore, the medical necessity has not been met.