

Case Number:	CM13-0066512		
Date Assigned:	01/03/2014	Date of Injury:	07/29/2000
Decision Date:	04/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 Preventive Medicine, has a subspecialty in Occupational and Environmental Medicine, and is licensed to practice in California and Oklahoma. 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 47-year-old female who was injured on 07/29/2000 while she was on a ladder that suddenly and unexpectedly broke, causing it to fall. She immediately had pain in her left knee. Prior treatment history has included x-rays which showed fracture of her kneecap, anti-inflammatory medications, physical therapy, Nicodone 1 tablet twice daily, ibuprofen 600 mg 1 tablet every four hours as needed, Tramadol, and Ultram. The patient recalls having surgery 10/19/2000 "to fix her knee that was broken." She had a second surgery in January of 2004 "to repair tendons in my left knee." Diagnostic studies or urine analysis were not submitted for review. Progress report (PR-2) dated 11/22/2013 documented the patient to have complaints of pain in the knee. Current symptoms to the left knee reveal there is continuous stiffness of the knee with occasional swelling. There is no locking or cramping. The pain is increased by pushing, pulling, lifting, carrying, squatting, kneeling, and walking stairs. Current symptoms of the right knee include pain in the right knee in the parapatellar region. Pain is intermittent throbbing pain. There is stiffness of the knee. The knee symptoms are increased by pushing, pulling, lifting, carrying, twisting and attempted squatting. The patient is unable to kneel. Objective findings on examination include the patient is cooperative during the evaluation and participated fully in the examination. When seen in a standing position, the patient has slight genu recurvatum. There was a 5 degree valgus positioning of the right knee. There was a 16 degree valgus positioning of the left knee. There were two healed, left subpatellar arthroscopic scars; they were not tender to palpation. Palpation of the knees demonstrated moderate tenderness of the right medial collateral ligament and posterolateral joint area. Palpation of the left knee demonstrated moderate tenderness of the anteromedial and posteromedial joint surfaces. There is moderate tenderness of the medial femoral condyle. Palpation of the right

knee demonstrated moderate tenderness of the anteromedial and posteromedial joint surfaces. There was moderate tenderness of the lateral parapatellar area. There was marked tenderness of the anterolateral and posterolateral capsular areas associated with moderate tenderness of the medial joint space. Measurements demonstrated bilaterally equal leg lengths of 77 centimeters. Thigh circumferences were 41 centimeters. Knee circumferences were 34 centimeters. Lower leg circumferences were 30 centimeters. Knee range of motion (ROM) was tested: the left knee demonstrated moderately increased left retropatellar pain with flexion limited to 120 degrees. Extension was -2 degrees of neutral. External rotation was 5 degrees associated with marked medial pain. Medial rotation was 10 degrees. Right knee flexion caused medial joint pain at 130 degrees. Extension was to neutral; it did not cause pain. Medial rotation of 10 degrees causing mildly increased medial joint pain. Lateral rotation to 10 degrees caused no pain. Right and left muscle weakness was evaluated. Knee strength was normal for flexion, medial rotation and lateral rotation. There was a 25% loss of right and left knee extension strength associated with moderate increased anteromedial joint pain. The right and left patellar compression tests caused markedly increased retropatellar pain. Right McMurray test caused markedly increased medial joint pain. Left McMurray test caused extremely increased medial joint pain. PR-2 noted dated 10/12/2013 documented the patient with complaints of continuing right knee pain. The patient has been provided with ibuprofen. Objective findings on exam included there is bilateral knee tenderness. McMurray's test is positive on the left knee for lateral meniscus injury. Lachman's test is negative bilaterally. PR-2 noted dated 07/23/2013, 08/26/2013, and 09/23/2013 are essentially unchan

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VICODIN 5/500MG, QTY: 120: Overturned

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 Section Opioids Continuation Page(s): 74-96.

Decision rationale: The MTUS guidelines for opioids continuation include "if the patient has improved functioning and pain". The medical records that were sent suggested that the patient has improved functioning and decreased pain with Vicodin being used for breakthrough pain. As such, the request is certified.