

Case Number:	CM13-0069972		
Date Assigned:	01/03/2014	Date of Injury:	01/10/2013
Decision Date:	07/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine, 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:

Patient is a 51-year-old with date of injury January 10, 2013. The medical record associated with the request for authorization, a doctor's first report of occupational injury, dated December 3, 2013, lists subjective complaints as right knee pain with weakness, locking, and giving away, right ankle pain, right elbow pain, left knee pain with popping and cracking, and left hip joint pain. Objective findings: Examination of the right elbow revealed tenderness to palpation over the medial epicondyle and no ligamentous laxity with Valgus and Varus stress tests. Reverse Cozen's test was positive for increased pain in the medial epicondyle. Examination of the left hip revealed tenderness to palpation over the sacroiliac joint with Yeoman's and Gaenslen's tests positive for increased pain. Examination of the bilateral knees revealed tenderness to palpation over the right lateral joint line and over the peripatellar region and medial joint line. Diagnosis: 1. Status post arthroscopic surgery 2. Right ankle sprain 3. Right elbow medial epicondylitis 4. Left knee patellofemoral arthritis 5. Left sacroiliac joint sprain 6. Stress, depression, anxiety. The medical records indicate the patient has undergone 12 postsurgical sessions of physical therapy to date. The medical records provided for review show no evidence that the patient had been prescribed Norco before the request in the December 3, 2013 physician's report.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74 -96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. The request for Norco 2.5/325mg is not medically necessary and appropriate.

PT RIGHT KNEE, RIGHT ELBOW, RIGHT ANKLE X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

Decision rationale: The medical record indicates that the patient has previously undergone twelve sessions of physical therapy. Therapeutic physical therapy for the knee is recommended as an option with authorization for a trial of six visits over two weeks, with evidence of objective functional improvement, prior to authorizing more treatments. There is no documentation of objective functional improvement. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by the Chronic Pain Medical Treatment Guidelines. The request for twelve sessions of physical therapy for the right knee, right elbow and right ankle is not medically necessary and appropriate.

SYNVISC INJECTION RIGHT 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, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic Acid Injections.

Decision rationale: Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs [non-steroidal anti-inflammatory drugs] or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The request for Synvisc injection right knee is not medically necessary and appropriate.

