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| Case Number: | CM13-0071143 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 03/25/2011 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Pain 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 48 year old male who was injured on 3/25/11 while performing duties as a welder. Current diagnoses included status post contusion of the right shoulder, chronic recurrent musculoligamentous injury with the lumbosacral spine, degenerative disc disease in lumbosacral spine with grade 1 degenerative spondylolisthesis at L4-5, trochanteric bursitis of the right hip, and status post arthroscopy of the left knee in 2001 and 2008, and on 7/12/13. The injured worker was also status post excision of chronic ossifications in the right patella tendon as of 2009 for non-industrial Osgood-Schlatter disease. A clinical note dated 11/4/13 indicated the injured worker presented for his second post-operative visit for his left knee. The injured worker indicated he was doing well, had undergone 12 visits of physical therapy, and was making slow and steady progress. The injured worker reported continued discomfort and swelling with occasional locking of his knee. Physical examination revealed well healed arthroscopic portals, range of motion 0-150 degrees with 1+ effusion in the medial compartment tenderness. The plan of care included an additional 12 sessions therapy, Synvisc one viscosupplementation injection, naproxen 550mg, and Percocet 7.5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 7.5/325 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The documentation indicates the injured worker continues to report discomfort and stiffness three months post-operatively. Additionally, the injured worker is involved in post-operative physical therapy. Ongoing pain management is required to facilitate appropriate healing and physical therapy participation. As such, the request is medically necessary.