

Case Number:	CM14-0109732		
Date Assigned:	09/16/2014	Date of Injury:	04/20/1999
Decision Date:	10/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family 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:

This injured worker is a 56 year old male with a reported date of injury of April 20, 1999. The injured worker is status post right knee arthroscopy with micro fracture medial femoral condyle, synovectomy, debridement of lateral meniscus and anterior horn lateral meniscectomy on August 30, 2006 and status post right knee arthroscopy with partial medial meniscectomy, synovectomy and chondral debridement on October 29, 2007. Orthopedic surgeon office visit note, dated May 27, 2014, indicates continued right shoulder aching and stabbing pain that is primarily aggravated with overhead extension, bilateral knee aching pain, and bilateral foot pain primarily aggravated with weight bearing and low back aching pain with numbness. As of this office visit he is taking hydrocodone and ibuprofen, which are both helping him. As of this office visit he is not attending therapy. No indication of prior therapy noted in the documentation provided. He is not working as of this visit date. The treating physician recommended continued conservative therapy and continued light exercise with stretching routines. At this visit, the treating physician requested a cane, urinalysis; Pro-OTS hinged knee brace for the left knee and Norco 10/325mg. Prior utilization review denied request for Norco 10/325mg one po q4-6h pm #60 with one (1) refill and Pro-OTS hinged knee brace for the left knee on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

- NORCO 10/325MG ONE PO Q4-6H PM #60 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has chronic bilateral knee pain. The record reports benefit from the use of this medication, but it is not quantified. The record does not indicate any substantive functional improvements as the injured worker is reported to be off work. As such the request does not meet guideline criteria for the continued use of this medication. Therefore the request is not medically necessary.

PRO-OTS HINGED KNEE BRACE FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: The submitted clinical note indicates the injured worker has bilateral knee pain. On examination there is no evidence of instability on examination. There is no documentation of osteoarthritis requiring an unloading brace. As such the medical necessity for use of brace in the absence of instability is not established. Therefore the request is not medically necessary.