

Case Number:	CM14-0019856		
Date Assigned:	04/28/2014	Date of Injury:	06/10/2013
Decision Date:	07/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 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:

The patient is a 25-year-old male who has submitted a claim for blunt trauma of the right kneecap with chondromalacia at the patellofemoral joint with an associated weakness of the right thigh associated with an industrial injury date of June 10, 2013. The medical records from 2013 to 2014 were reviewed. The patient complained of stabbing pain, burning, and pins and needles in the right knee with episodes of knee buckling. Physical examination showed pain underneath the kneecap on full flexion, tenderness around the margins of the right knee, positive patellar tap test, and there was painful clicking. The treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, knee brace, TENS, and IF unit. In a utilization review from February 5, 2014 denied the request for MRI of the right knee for lack of documentation of failed therapy trials to date. The request for Norco 10/325MG, #60 was modified to Norco 10/325MG, #45 to be used for weaning because there was no documented symptomatic or functional improvement from its previous usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT KNEE: Overturned

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): 335-336.

Decision rationale: As stated on pages 335-336 of the ACOEM Guidelines referenced by CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In this case, the patient complained of stabbing pain, burning, and pins and needles in the right knee with episodes of knee buckling. Progress notes from January 14, 2014 reported that the knee has buckled a couple of times and the patient has stumbled. Medical necessity for a knee MRI was established. Therefore, the request for MRI of the right knee is medically necessary.

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Norco since July 23, 2013 for persistent right knee pain. However, recent progress notes do not document any symptomatic relief or functional gains from Norco use. Therefore, the request for Norco 10/325MG #60 is not medically necessary.