MAXIMUS Federal Services

Case Number:	CM14-0124755		
Date Assigned:	08/08/2014	Date of Injury:	09/02/2011
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 09/02/2011 due to a fall when she tripped off some uneven pavement. The injured worker has diagnoses of internal derangement of the knee, lateral epicondylitis of the elbow, lumbar sprain/strain, and unspecified enthesopathy of the knee. The injured worker's past medical treatment consisted of physical therapy, injections to the knee, and medication therapy. Medications consist of Lisinopril (1 tablet a day) and hydrocodone/APAP (1 tablet every 8 hours). The injured worker had MRIs of the knees bilaterally. Progress note dated 05/29/2014 revealed that the injured worker stated she felt a lot of relief from burning and sharp pain due to injection that she received in her left knee. She claimed that the injection helped pain by 80%. The injured worker stated that she still had some clicking in the left knee, but other than that, pain was minimized. No measurable pain levels were documented. Physical examination revealed that the left knee flexion was 130/140 and extension was 0/0. Examination revealed that the injured worker resisted left knee extension of 4/5 due to pain. It was noted that the injured worker's gait had much improvement, still had a limp but not as severe. The treatment plan for the injured worker is to undergo excision of the bursa to her left knee and they are awaiting authorization for it. Requested is the use of a postoperative knee brace and Norco medication. The rationale for the request is that the injured worker is to undergo left knee arthroscopy. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (unspecified quantity, dosage): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management and Opioids for chronic pain Page(s): 75; 78; 80.

Decision rationale: The request for Norco (unspecified quantity, dosage) is non-certified. Progress note dated 05/29/2014 revealed that the injured worker stated she felt a lot of relief from burning and sharp pain due to injection that she received in her left knee. She claimed that the injection helped pain by 80%. The injured worker stated that she still had some clicking in the left knee, but other than that, pain was minimized. No measurable pain levels were documented. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that opioids appear to be efficacious but limited for short term pain relief, and long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend 1 opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS Guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS Guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that the injured worker had been taking Norco since at least 03/05/2014. There was no quantified information regarding pain relief. There was also no assessment regarding current pain on VAS (visual analog scale), average pain, intensity of pain, or longevity of pain relief. There was a urine drug screen dated 09/02/2011, but it did not include testing of Norco. In addition, there was no mention of a lack of side effects. Given the above, the request for Norco is not supported by the California MTUS. Furthermore, the request did not stipulate a dosage, duration, or a frequency of the Norco. As such, the request is non-certified.

Post operative knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The request for a post-operative knee brace is non-certified. The CA MTUS/ACOEM Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a

brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The progress note dated 05/29/2014 had evidence that the injured worker had complaints of left knee pain. It was also noted in that same progress note that there was relief of such pain due to a cortisone injection the injured worker received. Guidelines state that the use of a brace is only recommended for patellar instability, ACL tear, or MCL. There were no notations in the submitted report indicating that the injured worker had any of these deficits. There was not enough substantial evidence warranting the use of a knee brace. Furthermore, the request as submitted did not specify which knee the brace would be used on and the duration of time the brace would be used for. As such, the request for a knee brace is non-certified.