

Case Number:	CM14-0129420		
Date Assigned:	08/18/2014	Date of Injury:	07/09/2002
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 Nevada. 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 74-year-old female who was reportedly injured on July 9, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 15, 2014, indicated that there were ongoing complaints of worsening pain in the left knee. The physical examination demonstrated a normotensive individual with a limited range of motion of the left knee (110) with crepitus in flexion and extension. A positive McMurray's sign was noted. Diagnostic imaging studies objectified increasing degenerative changes within the left knee and a large degenerative tear of the medial meniscus. Previous treatment included left knee arthroscopy, Achilles tendon repair, physical therapy, multiple medications and pain management interventions. A request was made for medication and a scooter and was not certified in the pre-authorization process on June 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this medication is a short acting opioid indicated for the moderate to severe breakthrough pain. The progress notes presented for review indicate this medication is being employed for quite some time, and there is no noted efficacy. If anything, the pain levels have increased. Therefore, based on the parameters noted in 2 ways that the functional status and pain relief to be objectified and seeing none, there is really no clear clinical indication to continue this medication, as the efficacy has not been established. Therefore, the request is not medically necessary.

1 Scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines - Power Mobility Devices (PMDS).

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, these devices are "not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker," or if a manual wheelchair will suffice. Mobilization and exercise are encouraged in every aspect of the treatment. As such, the medical necessity for this device has not been established in the progress notes presented for review. Therefore the request is not medically necessary.