

Case Number:	CM14-0145541		
Date Assigned:	09/12/2014	Date of Injury:	12/31/2012
Decision Date:	11/18/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of December 31, 2012. The patient is diagnosed with repetitive overuse injuries of the upper extremities, shoulders, knees, back and hips. The patient continues to have right knee pain that has not improved. MRI shows possible small meniscal tear in the posterior medial meniscus. On physical examination the patient has normal wrist motion. Right knee range of motion is normal but there is positive medial joint line tenderness and positive McMurray's. The patient has been indicated for right knee arthroscopic surgery. At issue is whether that cold therapy and narcotics are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit, rental x 14 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter updated 6/5/14 Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines, MTUS knee pain chapter, ODG knee pain chapter

Decision rationale: There is no literature to indicate a benefit to 2 weeks of post-op cold therapy after knee surgery. ODG guidelines do not support more than 7 days of post-op cold therapy use. 14 days is excessive and not supported by ODG guidelines. Therefore the request is not medically necessary.

Norco 10/325 Mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines, MTUS knee pain chapter, ODG knee chapter

Decision rationale: Norco is not a first line narcotic treatment. It is a higher potency and longer acting narcotic medicine. Postop arthroscopic knee pain is typically mild and well-controlled with less potent narcotic meds to include Vicoden and Percocet. There is nothing in the medical records that establishes the need for Norco over Vicoden or Percocet which are lesser category narcotic meds. Justification for Norco not met for post-op knee pain. The request is not medically necessary.