

Case Number:	CM14-0022126		
Date Assigned:	05/09/2014	Date of Injury:	12/05/2011
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 employee is a 51-year-old female who sustained a work-related injury on December 5, 2011. Subsequent treatment included a left knee total knee arthroplasty performed on March 22, 2013. The injured employee was recently examined on January 9, 2014, and it was stated that the left knee was doing well at that time. The injured employee complained of difficulty bending, squatting, using stairs, and general prolonged weight-bearing causing right-sided knee pain. Some benefit was noted from physical therapy. The physical examination on this date noted right knee tenderness greatest of the medial compartment as well as findings of crepitus. There was a positive Apley's test and McMurray's test. Additional physical therapy for the right knee was recommended as well as ice, anti-inflammatories, home stretching and strengthening. An MRI of the right knee, dated December 17, 2013, noted severe degenerative changes of the medial compartment and moderate to severe degenerative changes of the lateral and patellofemoral compartments. A degenerative tear of the posterior horn, of the medial meniscus was also noted. A peer review, dated November 22, 2013, certified a previous request for 12 sessions of physical therapy. A utilization review, dated February 11, 2014, did not certify a request for additional physical therapy, Norco, or ibuprofen 800 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), physical medicine Page(s): 98.

Decision rationale: According to the attached medical record, the injured employee participated in 12 visits of physical therapy for the right knee. At this point, it is expected that they should be well versed in what is required for therapy of the right knee and can be expected to continue this therapy at home with a home exercise program. This request for additional physical therapy is not medically necessary.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), opioids Page(s): 75.

Decision rationale: According to the medical records provided, the injured employee has been using Norco for nearly a year and a half with continued complaints of pain. There is no mention of the subjective benefits, the injured employee is experiencing by taking this medication, such as decreased pain or increased ability to perform activities of daily living that would be directly attribute to the use of Norco. The California MTUS chronic pain medical treatment guidelines does not support the use of a short acting opioid medication such as Norco for long-term usage. For these reasons, this request for Norco is not medically necessary.

IBUPROFEN 800 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), NSAIDs Page(s): 67.

Decision rationale: While anti-inflammatory medications such as ibuprofen are recommended for individuals with osteoarthritis for moderate to severe pain, these medications should be prescribed at the lowest dose possible. This request does not indicate the milligram dosage amount of ibuprofen requested. A commonly prescribed dosage would be 200 mg or 400 mg with an 800 mg dosage being the highest dose possible. This request should clarify the dosage and frequency of this medication. For this reason, this request is not medically necessary.