MAXIMUS Federal Services

Case Number:	CM14-0024431		
Date Assigned:	06/11/2014	Date of Injury:	07/16/2003
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 records, presented for review, indicate that this 55-year-old male was reportedly injured on 07/16/2003. The mechanism of injury was not presented in the records reviewed. The most recent progress note, dated 02/12/2014, documented there were ongoing complaints of right knee pain, swelling and bruising. The physical examination demonstrated mild decreased range of motion, ecchymosis and mild strength loss. Previous MRI of right knee was performed; however, the findings were not reported in the records reviewed. Patient underwent right knee arthroscopy, physical therapy and post surgery pain medications with some improvement of symptoms. A request had been made for hydrocodone 7.5/325 #120 with 5 refills and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 7.5/325MG #120 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 75-78 of 127.

Decision rationale: When considering the date of injury, the injury sustained, the surgical intervention completed in December 2013 and taking into consideration the most recent physical examination as noted above, there is a clinical reason to undergo a postoperative analgesic. However, a blanket endorsement of 6 months of particular potent pain medication is not clinically indicated. Quality health care would require periodic evaluations of the efficacy and utility of such a medication. As noted with the most recent follow-up evaluation, there is no notation of an opioid contract, the implementation of periodic urine drug screening to determine compliance with the protocols and a need for 6 months of medication. Therefore, based on the limited clinical information presented for review, this is not medically necessary.

PHYSICAL THERAPY SESSIONS (UNKNOWN): 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.

Decision rationale: When noting the recent surgical intervention (a knee arthroscopy addressing a meniscal tear) and by the guidelines noted, 12 sessions of postoperative physical therapy would be supported. However, the most recent physical examination notes knee flexion of 120 and 2 lack of extension. This is clearly sufficient rehabilitative recovery after such a surgery. As such, the only therapy, that would be supported, would be a home exercise protocol. Therefore, given the clinical information presented for review, this is not medically necessary.