

Case Number:	CM14-0035376		
Date Assigned:	06/23/2014	Date of Injury:	07/06/2010
Decision Date:	07/24/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 55-year-old lady who was reportedly injured on July 6, 2010. The mechanism of injury was noted as a trip and fall type event. A contusion to the left knee was noted. The most recent progress note dated February 24, 2014, indicated that the injured worker was scheduled for some sort of podiatry procedure. The medication hydrocodone was scheduled to be approximately 7 days. A previous orthopedic consultation noted that a permanent stationary status was established on February 7, 2012 for a bilateral knee contusion. No specific physical examination or diagnostic studies were presented for review. Previous treatment included conservative care (bilateral knee arthroplasty had been completed previously). A request had been made for hydrocodone and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5mg #30: 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 Page(s): 75-78 of 127.

Decision rationale: The orthopedic note indicated that the knee contusions have resolved some years ago. The podiatry note indicated a pending surgery, but there was no discussion as to the pathology of the type of surgery. Furthermore, the indication was for 7 days of medication that expired more than 3 months ago. Therefore, based on the medical records presented for review, there was no medical necessity established.