

Case Number:	CM14-0041125		
Date Assigned:	06/27/2014	Date of Injury:	12/31/2012
Decision Date:	08/21/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 31, 2012. Thus far, the applicant has been treated with the followings: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier knee meniscectomy; and diagnostic testing. The MRI imaging of February 23, 2013, had notable evidence of prior meniscectomy, grade 3 oblique tear signal about the posterior horn in the medial meniscus, knee arthrosis, and chondral defects. In a Utilization Review report dated March 27, 2014, the claims administrator denied a request for MR arthrography of the knee on the grounds that earlier MRI imaging of the knee of February 2013 was already done. Norco was apparently denied on the grounds that the applicant had failed to demonstrate improvement with the use of the medication. The applicant's attorney subsequently appealed. The actual MRI report of February 22, 2013 was reviewed and marked blunting of the body and posterior horn of the medial meniscus. It was stated that there was a grade 3 oblique tear signal about the posterior horn of the medial meniscus which was intermediate in signal intensity. The authoring radiologist stated that this should be clinically and/or arthroscopically correlated to evaluate for residual versus recurrent tear. On August 2, 2013, the applicant was described as having persistent complaints of knee pain secondary to internal derangement of the knee. The applicant was using Percocet and a knee brace as well as asked to follow up with a knee surgeon. The applicant's work status was not furnished. On November 14, 2013, it was stated that the applicant had persistent complaints of 7/10 knee pain and was using Percocet to manage the pain. The applicant apparently stated that his claims administrator was contesting his claim on the grounds that his knee MRI demonstrated degenerative findings. The applicant was given a variety of medication refills. The work status was not furnished on this occasion. On December 17, 2013, it was stated that the

applicant was not working. The attending provider stated that the applicant needed some form of surgical treatment and was a candidate for a total knee arthroplasty. On January 9, 2014, the applicant transferred care to a new primary treating provider, who stated that he was ordering MR arthrography of the shoulder and renewed Norco. The applicant was asked to continue usage of Percocet. On January 30, 2014, the applicant was given a diagnosis of right knee internal derangement and right knee degenerative joint disease. A knee brace was sought. The applicant was placed off of work while Motrin, Norco, Opana, and Protonix were furnished. The applicant did report highly variable 3-8/10 knee pain and was avoiding exercising, going to work, and/or performing exercises and/or recreational activities owing to pain complaints. On March 13, 2014, the applicant presented with persistent complaints of knee and shoulder pain of 6/10. The applicant was using Colace, Motrin, Norco, Opana, and Protonix. It was stated that the applicant had undergone a total of four knee surgeries over the preceding 10 years. There was noted heightened popping and clicking about the knee. The MR arthrography of the knee was sought and the following medications were renewed: Opana, Norco, Colace, Motrin, and Protonix. The applicant was given work restrictions which were seemingly resulting in his removal from the workplace. It was stated that the applicant did carry a primary diagnosis of right knee degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI arthrogram of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The MTUS does not address the topic of knee MR arthrography. As noted in the Third Edition ACOEM Guidelines, MR arthrography is recommended for select applicants who require advanced imaging of the menisci and articular cartilage following earlier procedures involving the knee. In this case, however, the applicant has already had four prior knee surgeries. The applicant has been given an operating diagnosis of right knee degenerative joint disease. One of the applicant's treating providers suggested that the applicant carried a primary diagnosis of right knee degenerative joint disease and right knee arthritis. This was corroborated by earlier non-contrast MRI imaging. The applicant's knee surgeon earlier stated that the applicant could be a candidate for a total knee replacement. Thus, all evidence on file points to the applicant's carrying a primary diagnosis of knee arthritis, at this stage in the claim. As further noted by the Third Edition ACOEM Guidelines, x-rays are considered the test of choice for evaluating applicants with suspected knee osteoarthritis. The attending provider has not clearly stated why x-rays cannot, as suggested by ACOEM, be employed here to evaluate the applicant's knee arthritis. Therefore, the request is not medically necessary.

Norco 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of same. However, in this case the applicant is off of work. There is no evidence that ongoing usage of Norco has ameliorated the applicant's ability to perform activities of daily living. The attending provider has not expounded upon what activities of daily living have specifically been ameliorated with ongoing opioid therapy. The applicant, furthermore, was described as reporting heightened pain, 6/10, on a recent March 13, 2014 office visit, despite ongoing usage of Norco. Therefore, the request is not medically necessary.