

Case Number:	CM14-0054330		
Date Assigned:	07/07/2014	Date of Injury:	11/13/2013
Decision Date:	08/19/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 a fracture of the foot bone reportedly sustained in an industrial injury of November 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier mid foot open reduction internal fixation surgery on December 6, 2013; a Cam walker; crutches; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for knee MRI imaging, denied a request for Norco, and conditionally denied a request for a consultation and treatment with an ankle and foot specialist. The claims administrator based its denial for Norco on reportedly diminished ankle range of motion. The applicant's attorney subsequently appealed. A June 26, 2014 progress note was notable for comments that the applicant reported persistent 3/10 knee and foot pain. The applicant was using Norco for pain relief. The applicant was status post ORIF surgery of the foot on December 6, 2013, it was noted, and a history of previous knee surgery in 2009, it was further noted. The applicant was described as exhibiting an antalgic gait requiring usage of crutches. A positive McMurray maneuver, knee crepitation, and tenderness about the joint line were noted. Scarring about the foot was appreciated. The applicant was asked to progress with partial weight bearing. The attending provider stated that it was inhumane for the claims administrator to deny the applicant's Norco for postoperative pain relief purposes. The attending provider stated that he would employ Ultram as of this point, going forward, owing to the fact that Norco was a bit too strong at this point. The attending provider again stated that the applicant had positive signs of internal derangement, including a possible meniscal tear versus possible ACL (Anterior Cruciate Ligament) pathology which might result in operative intervention on the same. In a progress note dated May 29, 2014, the applicant reported 4/10 pain with medications and 7/10 pain without medications. The attending

provider posited that ongoing usage of Norco was ameliorating the applicant's ability to stand and walk, albeit with the aid of crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, page 335, MRI imaging can confirm a diagnosis of meniscal tear, as is suspected here and should be performed only if surgery is being actively considered or contemplated. In this case, the attending provider has posited that the applicant may, in fact, be a candidate for knee surgery. The attending provider has documented ongoing issues with knee pain, positive provocative testing in the form of positive McMurray maneuver, and has, furthermore, voiced some suspicion of meniscal derangement versus possible ACL (Anterior Cruciate Ligament) tear. MRI imaging of the knee to clearly delineate the extent of the same is indicated. The applicant, moreover, is still having significant ambulatory deficits and is still using crutches to move about, although this may be function of his foot fracture as opposed to knee issues. Therefore, the request of MRI of the left knee is medically necessary and appropriate.

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, a short-course of opioid is deemed optional for acute ankle and foot issues. In this case, the applicant was still within the six-month postsurgical physical medicine treatment period following earlier ankle and foot ORIF surgery on December 6, 2013. The applicant was still having fairly pronounced complaints of pain, in the 7/10 range, following the earlier ORIF (Open Reduction and Internal Fixation) surgery. Ongoing usage of Norco to combat pain complaints at this level was indicated. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation. In this case, the attending provider did posit that ongoing usage of Norco was diminishing the applicant's pain complaints from 7/10 to 4/10 and was, moreover, facilitating the applicant's ability to move about to some limited degree. Continuing Norco, then, was indicated and appropriate as of the date of the Utilization Review

Report, April 8, 2014. Therefore, the request of Norco 10/325mg #60 is medically necessary and appropriate.