

Case Number:	CM15-0016456		
Date Assigned:	02/05/2015	Date of Injury:	01/03/2014
Decision Date:	04/02/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on 1/3/2014. She reports headache and pain in the right shoulder, knee and ankle. Diagnoses include right ankle sprain, rule out right shoulder derangement, right shoulder tendinitis and osteoarthritis and medial meniscal tear of the right knee. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 12/17/2014 indicates the injured worker reported headache and pain in the right shoulder, knee and ankle. On 12/30/2014, Utilization Review non-certified the request for right arthroscopy, 8 sessions of physical therapy, Narcotics Risk test and Norco 10/325mg, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343,344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343, 344.

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy is indicated if there is a clear indication of a meniscal tear including mechanical symptoms such as locking and effusions and tenderness over the tear but not the entire joint lines, and imaging evidence of a tear that correlates with the clinical findings. The available records do not include an MRI report and as such, the imaging evidence is missing. There is evidence of some physical therapy (9 visits) but the duration of and compliance with a home exercise program and the results are not documented. There is no joint effusion documented. Tenderness is noted on the medial as well as the lateral aspect. The request as stated is for arthroscopy but does not specify the type of surgery requested. Based upon the above, particularly in the absence of an MRI report, the request for arthroscopy of the right knee is not supported and the medical necessity of the request is not substantiated.

8 sessions of Physical Therapy 2x for 4weeks for the right knee, right shoulder, head:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter; Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The physical therapy notes document 9 visits from 9/4/2014 through 12/4/2014 for the knee and shoulder. The notes are brief and do not document the response to therapy. In light of the absence of documentation pertaining to a recent rehabilitation program and continuing multiple pain complaints, chronic pain guidelines are used. The guidelines allow for fading of treatment from up to 3 times a week to one or less plus an active self directed home exercise program. For myalgias and myositis 9-10 visits over 8 weeks are recommended. The request as stated is for 8 sessions for multiple body parts which is supported by guidelines and is appropriate and medically necessary. The UR denial was based upon lack of information about the number of PT visits which has now been provided.

Narcotics Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Genetic Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section: Pain, Topic: Genetic Testing for potential opioid abuse.

Decision rationale: ODG guidelines do not recommend genetic testing . Current research is experimental although there appears to be a strong genetic component to addictive behavior. Testing is not recommended and as such, the request for narcotics risk test is not supported and the medical necessity is not established.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The documentation provided indicates a history of headaches, shoulder pain, knee pain, and ankle pain. There is a request for opioids, in particular Norco 10/325mg. Chronic pain guidelines indicate specific requirements for ongoing management of opioid use. The documentation provided does not include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 4 A's of ongoing monitoring, analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors are not documented. Drug screens are not provided. There is no continuing review of the overall situation with regard to non-opioid means of pain control. Based upon the absence of this guideline necessitated documentation, weaning is recommended. As such, the request for Norco 10/325 # is not supported, and the medical necessity is not substantiated.