MAXIMUS Federal Services

Case Number:	CM15-0131843		
Date Assigned:	07/20/2015	Date of Injury:	12/06/2003
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 49-year-old female, who sustained an industrial injury on December 6, 2003. She reported ankle pain and swelling. The injured worker was diagnosed as having ankle pain. Treatment to date has included MRI, CT scan, electrodiagnostic studies, epidural injection, discogram, medications, urine drug screen, physical therapy, pain management, surgery, psychotherapy and ankle brace. Currently, the injured worker complains of back and leg (bilaterally) pain associated with numbness in her right leg. She reports difficulty negotiating stairs and uneven ground due to left knee instability. She also reports leg pain-sciatica. Her pain is rated at 4 on 10 with medication. The injured worker is diagnosed with lumbago, knee pain-joint pain and ankle pain-joint pain. Her work status is permanently disabled. A note dated April 28, 2015 states the injured worker reports medications help to reduce the pain. The following, functional left knee brace quantity 1 (for knee instability) and Norco 10-325 mg #60(for pain management) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening, meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed, patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does have the diagnoses of meniscal tear and ACL tear and knee sprain/strain. The patient does not have the diagnoses of patellofemoral syndrome. Per the ACOEM, knee sleeves are only recommended as a treatment option for patellofemoral syndrome. Therefore, the request does not meet guideline recommendations and is not medically necessary.

1 prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.