

Case Number:	CM15-0149749		
Date Assigned:	08/12/2015	Date of Injury:	10/17/2006
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/03/2015

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: Arizona, California

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:

This injured worker is a 48 year old male who reported an industrial injury on 10-17-2006. His diagnoses, and or impression, were noted to include osteoarthritis; and infra-patellar bursitis. Recent magnetic resonance imaging studies of the left knee were said to have been done in 1-2015. His treatments were noted to include diagnostic left knee arthroscopy (7-30-10); intra-patellar injections; medication management; and rest from work. The progress notes of 7-1-2015 reported a re-evaluation for complaints which include a progressive worsening of exacerbated symptoms with increased discomfort, pain, instability and the development of locking, catching and buckling of the left knee, over 5 months. Objective findings were noted to include tenderness along the medial joint line of the left knee, with decreased range-of-motion, positive patellofemoral crepitation, positive grind, stable Lachman and anterior drawer, and stable varus and valgus testing. The physician's requests for treatments were noted to include magnetic resonance imaging arthrogram of the left knee, because of exacerbation of symptoms following the 1-2015 magnetic resonance imaging studies; physical therapy for the left knee; and the continuation of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI arthrogram of the left knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 47.

Decision rationale: According to the guidelines, MR arthropathy is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, the claimant had a prior meniscal tear and underwent surgery. Recently, the claimant has worsening knee pain with locking. The MR Arthrogram is medically necessary to evaluate meniscal injury missed on MRI in January 2015.

12 sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Physical medicine treatment (2015).

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

Decision rationale: According to the guidelines, knee exercises can be performed to improve strength and range of motion. In this case, the claimant has chronic recurrent knee pain with a prior meniscal injury. The claimant has undergone an unknown amount of therapy in the past. Most diagnoses for knee pain allow for 8-10 sessions of therapy. The request for 12 sessions exceeds the guidelines recommendations and is not medically necessary.

40 Norco 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been provided Norco for recurrent knee pain. Length of prior use is unknown. Failure of Tylenol use is not noted. Opioids are not indicated for chronic knee pain, as it is mechanical in nature. Pain score was not noted. The Norco is not medically necessary.