

Case Number:	CM15-0180840		
Date Assigned:	09/22/2015	Date of Injury:	04/25/2014
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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, Georgia
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 60-year-old female who sustained an industrial injury on 4-25-14. The injured worker reported left knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for knee pain. Medical records dated 7-7-15 indicate "pain located over the anterior medial knee as well as laterally...radiating pain down the lateral aspect of the calf." Treatment has included knee brace, Ibuprofen since at least May of 2015 and Norco since at least May of 2015. Physical examination dated 7-7-15 was notable for "hypersensitivity over the pes anserine bursa with some visible swelling...no tenderness over the patellar tendon itself." The original utilization review (8-21-15) denied a request for Norco 10-325 milligrams quantity 60 and Pes Anserine Bursal Knee Injection with sedation - left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

Pes Anserine Bursal Knee Injection with sedation - left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and Therapeutic Injection of the Hip and Knee, <http://www.aafp.org/ofp/20030515/p2147.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injection and Other Medical Treatment Guidelines Pes Anserine bursa injection Diagnostic and Therapeutic Injection of the Hip and Knee DENNIS A. CARDONE, D.O., C.A.Q.S.M., and ALFRED F. TALLIA, M.D., M.P.H., University of Medicine and Dentistry of New Jersey, New Brunswick, New Jersey Am Fam Physician. 2003 May 15; 67 (10): 2147-2152.

Decision rationale: CA MTUS is silent on the utility of steroid injection of the knee. ODG Knee discusses use of corticosteroid injection for osteoarthritis of the knee but does not address its use for pes anserine bursitis. An alternate source was consulted. Steroid injection is used early in the course as both a diagnostic and therapeutic intervention when physical examination is suggestive of pes anserine bursitis. The medical record appropriately supports the diagnosis of pes anserine bursitis and steroid injection would be medically indicated. However, there is no adequate documentation of any reason for sedation for the procedure. Therefore, the request for pes anserine bursa injection with sedation left knee is not medically necessary.