

Case Number:	CM15-0192303		
Date Assigned:	10/06/2015	Date of Injury:	01/24/2014
Decision Date:	11/13/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/30/2015

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: Illinois, California, Texas
 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:

This injured worker is a 35-year-old male who sustained an industrial injury on 1/21/14. Injury occurred while he was on top of a full trailer stamping down yard refuse and lost his balance. He fell approximately 6-7 feet into a shallow drainage ditch that was filled with large rocks, landing on his feet. He was diagnosed with a bone contusion of the medial talus. The 12/28/14 right knee MRI demonstrated a medial meniscus tear, lateral meniscus tear and lateral displacement of the meniscus, and joint effusion. The 9/8/15 treating physician report cited right knee medial and lateral pain with limited mobility and activity related swelling. He avoided squatting and kneeling. Right knee exam documented effusion, minimal crepitation, medial joint line tenderness, trace positive pivot shift test, good motor strength, and range of motion lacking 5 degrees of full flexion. The patient was deemed a surgical candidate. Records documented that the request for a right knee arthroscopic meniscectomy was non-certified in utilization review on 9/21/15 as there was no detailed evidence of failed conservative treatment. The 9/22/15 treating physician report appeal letter indicated that the injured worker had been on a conservative treatment program including home rehabilitation, significant work modification, and intraarticular corticosteroid injections. Authorization was requested for outpatient right knee arthroscopic meniscectomy with post-op physical therapy evaluation, Norco 10/325 mg #100, Tylenol No. 3 (30/325 mg) #25 with one refill, and crutches for 6 weeks. The 9/29/15 utilization review certified the request for outpatient right knee arthroscopic meniscectomy with post-op physical therapy evaluation, Norco 10/325 mg #100, and crutches for 6 weeks. The request for Tylenol No. 3 (30/325 mg) #25 with one refill was non-certified as there was no evidence that the certified post-operative Norco would be insufficient for post-op pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Tylenol No.3 30/325mg, #25 with 1 refill: 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, Opioids, specific drug list.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short-term basis for knee pain. Guidelines recommend short-acting opioids, such as Tylenol #3, as an effective method in controlling both acute and chronic pain. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. The use of opioid medication is supported in the post-operative period following knee surgery, and records indicate that Norco has been certified. There is no compelling rationale presented to support the medical necessity of two opioid medications for post-operative pain management. Therefore, this request is not medically necessary.