

Case Number:	CM15-0196485		
Date Assigned:	10/16/2015	Date of Injury:	01/26/2011
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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: New Jersey, New York
 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 61 year old male, who sustained an industrial injury on 01-26-2011. A review of the medical records indicates that the worker is undergoing treatment for carpal tunnel syndrome left greater than right, left anterior talofibular ligament injury, discogenic cervical condition, rotator cuff inflammation, internal derangement of the left knee and patellofemoral inflammation on the right. Subjective complaints (04-09-2015) included flare up of neck pain radiating to the left arm associated with weakness in the hands, legs and feet and numbness in the hands that was rated as 7 out of 10, 4-5 out of 10 at best and 10 at worst. The worker was noted to avoid going to work, exercising or performing chores due to pain. The physician noted that Norco was helpful for pain symptoms but there was no documentation as to the duration of pain relief or objective functional improvement. Subjective complaints (07-20-2015) included persistent left ankle and foot pain as well as back pain. Objective findings (07-20-2015) showed tenderness along the inner aspect of the right ankle as well as retro-Achilles and Achilles tendon on the left ankle. Subjective complaints (09-02-2015) included a significant amount of pain in the low back with spasm and stiffness and pain in the left knee with buckling, popping and pain in the left ankle. The physician indicated that the injured worker's orthotics had completely worn out and were apparently denied. Objective findings (09-02-2015) included tenderness along the left knee medial greater than lateral joint line with 1+ anterior drawer test, tenderness along the anterior talofibular ligament and left ankle tenderness with mild swelling. The physician noted that unloading brace was being requested to provide stability for the left knee and that MRI of the left knee was being requested, however there was no justification for ordering the MRI and

no discussion of any previous radiographic findings of the left knee that might have been performed. Treatment has included Norco (since at least 07-10-2014), Naproxen, Flexeril, Gabapentin, Tramadol and bracing. A utilization review dated 09-10-2015 modified a request for Norco from Norco 10-325 mg #60 to certification of Norco 10-325 mg #48 and non-certified requests for MRI without contrast left knee and Defiance brace molded plastic (lower knee addition and upper knee addition).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is not medically necessary.

MRI w/o contrast to the left knee: 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), Knee MRI.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, Knee/Leg.

Decision rationale: The request is considered not medically necessary. This limited chart does not provide enough documentation to warrant an MRI. According to ODG, the patient should have an MRI if there was acute trauma, non-diagnostic radiographic imaging, or internal derangement seen on x-ray, which was not demonstrated in the chart. The documented exam does not show physical findings, which would warrant an MRI. Therefore, the request is not medically necessary.

Defiance brace molded plastic (lower knee addition and upper knee addition): 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), Knee: Unloader Brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: As per the MTUS guidelines, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient does not suffer from any of the conditions stated above and would not be undergoing any strenuous activities that would require a brace. There is no documentation of tears or instability of the knee. Therefore, the request is not medically necessary.