MAXIMUS Federal Services

Case Number:	CM15-0199829		
Date Assigned:	10/15/2015	Date of Injury:	02/03/2015
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 34 year old man sustained an industrial injury on 2-3-2015. Diagnoses include left knee sprain-strain. Treatment has included oral medications. Physician notes dated 8-19-2015 show complaints of unchanged left knee pain rated 8-9 out of 10. The physical examination shows right knee range of motion noted to be flexion 90 degrees and extension 0 degrees while wearing a right knee brace. Recommendations include right knee MRI, Norco, ibuprofen, urine drug screen, continue home exercise program, and follow up in four to six weeks. Utilization Review denied requests for Norco and right knee MRI on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI-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 & Leg, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient already had an MRI of the knee done on 2/17/15. Patient does not meet criteria for MRI for chronic knee pains with no proper documentation any change in pain or objective findings. MRI of knee are not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Recent urine drug screen on 8/19/15 was negative for Norco. Patient has continued claims of severe pain. Provider has not documented any objective benefits and it is unclear if patient is even taking the Norco. Not medically necessary.