

Case Number:	CM15-0035749		
Date Assigned:	03/04/2015	Date of Injury:	09/02/2011
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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:

The injured worker is a 54-year-old female, who sustained an industrial injury on September 2, 2011. The diagnoses have included left knee arthroscopic surgery and degenerative knee arthritis. A progress note dated January 8, 2015 provided the injured worker complains of left knee pain. Physical exam notes she walks very slowly and with a cane. There is crepitus and grinding with tenderness. Plan is for total knee replacement. On January 28, 2015, utilization review modified a request for post-operative pain medication: Norco 10/325mg, 1 every 4-6 hours as needed for pain, #60, with 3 refills and no certified a request for post-operative left knee brace. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative pain medication: Norco 10/325mg, 1 every 4-6 hours as needed for pain, #60, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Opioids for neuropathic pain; Chronic back pain;

Osteoarthritis; Nociceptive pain; Mechanical and compressive etiologies; Outcomes measures; Tolerance and addiction; Behavior reinforcement; Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support 3 refills of 60 tablets of Norco. There should be demonstration of functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity post-operatively to support more than the initial 60 tablets following knee replacement. Therefore, the determination is for non-certification.

Post-operative left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Procedures Summary, Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter, Knee brace.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records from 1/8/15 demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues to warrant a knee brace. Therefore, the request for durable medical equipment, knee brace, is not medically necessary and appropriate.