

Case Number:	CM15-0060691		
Date Assigned:	04/06/2015	Date of Injury:	08/17/2013
Decision Date:	05/19/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/30/2015

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: Minnesota, Florida

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 53-year-old female, who sustained an industrial injury on 8/17/2013. She reported a slip and fall injury to her left knee. The injured worker was diagnosed as having traumatic injury to the left knee. Treatment to date has included magnetic resonance imaging, medications, x-ray, physical therapy, and cortisone injections. This request is for post-operative Norco 7.5/325mg #100. On 1/13/2015, she is seen by AME evaluator and has complaints of bilateral knee pain rated 5/10. Future medical treatment included: providing prescription medications, and laboratory monitoring. On 2/13/2015, a magnetic resonance imaging of the left knee revealed complex flap tear of the medial meniscus and chondromalacia. She has been utilizing Norco since at least 9/2010. A request for arthroscopy of the left knee was non-certified by utilization review on 3/20/2015 citing CA MTUS guidelines with regard to pre-operative physical therapy and non-operative treatment. Therefore, the request for post-operative use of Norco 7.5 #100 was also non-certified. The documentation provided does not indicate certification of the surgery. The denial of the post-operative Norco is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Norco 7.5mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345.

Decision rationale: The requested surgical procedure for the left knee was non-certified by utilization review on 3/20/2015. The medical records submitted do not include evidence of approval of the surgery. Therefore, the current request for post-operative Norco 7.5mg #100 is not supported by guidelines and the medical necessity of the request has not been established.