

Case Number:	CM15-0063188		
Date Assigned:	04/09/2015	Date of Injury:	02/07/2011
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old male, who sustained an industrial injury on February 7, 2011. He reported that he twisted his right knee. The injured worker was diagnosed with status post right knee arthroscopic repair. Treatment to date has included MRI, urine drug screening, non-steroidal anti-inflammatory injection, work modifications, and medications. On January 17, 2015, the injured worker complains of continued, constant right knee pain, which was rated 10/10. The physical exam revealed decreased range of motion, medial and lateral joint line tenderness, and positive medial and lateral stress tests of the right knee. The treatment plan includes a cane, a prescription for pain medication, and a request for an orthopedic consult. The requested treatments are crutches, a cane, pain medication, orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old male has complained of knee pain since date of injury 2/7/11. He has been treated with right knee surgery, physical therapy and medications to include opioids for at least 1 month duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: This 50 year old male has complained of knee pain since date of injury 2/7/11. He has been treated with right knee surgery, physical therapy and medications. The current request is for a cane. Per the available medical documentation, the request for a cane has already been certified (1/20/15), therefore a repeat request for the same is not indicated as medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

Decision rationale: This 50 year old male has complained of knee pain since date of injury 2/7/11. He has been treated with right knee surgery, physical therapy and medications. The current request is for orthopedic consultation. Per the available medical documentation, the request for orthopedic consultation has already been certified (1/20/15), therefore a repeat request for the same is not indicated as medically necessary