

Case Number:	CM14-0139986		
Date Assigned:	09/08/2014	Date of Injury:	02/12/2004
Decision Date:	09/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

49 yr. old female claimant sustained a work injury on 2/12/04 involving the right knee, wrists and low back. She was diagnosed with bilateral carpal tunnel syndrome, lumbar disc disease and right knee meniscal injury. She underwent right knee meniscetomy and L5-S1 fusion of the lumbar spine. She has undergone epidural injections for her back and Hyalgan injections for her knee. A progress note on 7/17/14 indicated she had continued back spasms, right knee pain and difficulty standing or walking. She had used Norco (since at least 2012) and MSContin but continued to have 8/10 for pain. Exam findings were notable for painful range of motion of the lumbar spine and right knee. The treating physician requested an unloading brace for the left knee, a right wrist brace, continuation of Norco 10 mg and an x-ray of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 STANDING X-RAY OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to the ACOEM guidelines, knee x-rays are indicated for red flag findings such as tumor, infection, trauma, etc. In this case, the pain is chronic and the claimant did not have red flag findings. Therefore the request for a right knee x-ray is not medically necessary.

NORCO 10MG #47: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 2 years without significant improvement in pain or function. The continued use of Norco is not medically necessary.

1 REPLACEMENT SOFT WRIST BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Wrist Pain and Splints.

Decision rationale: According to the ACOEM guidelines, splinting and bracing 48 hours beyond surgery or chronic can be detrimental . The claimant's injury is chronic. According to the ODG guidelines, wrist splints can reduce hand pain in half over 6 months. The length of use of a brace is not specified and length of prior use is unknown. Therefore request for a wrist brace is not medically necessary.

1 WEIGHT UNLOADING BRACE FOR 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, KNEE AND LOWER LEG (ACUTE AND CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to the ACOEM guidelines, bracing prophylactically is not recommended. A functional brace is optional for rehabilitation. It is recommended for a short period after an injury. In this case, the claimant had a chronic injury. The request for a brace was

not supported by a clinical exam of the left knee. There is no information regarding current left knee rehabilitation. The request for a left knee brace is not medically necessary.