

Case Number:	CM14-0148665		
Date Assigned:	09/18/2014	Date of Injury:	10/20/2013
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine and Pulmonary Disease 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:

The injured worker is a 24-year-old female who reported injury on 10/20/2013. The mechanism of injury was the injured worker was pushed by a suspect and experienced a pop in her right knee. The prior treatments included a right knee surgery on 01/16/2014, which included a cruciate ligament reconstruction using cadaver bone patellar tendon, bone allograft with proximal distal interference screw fixation, a 3 compartment extensive synovectomy, excision of a large bucket handle medial meniscus tear resecting approximately 15% of the medial meniscus, a shaving chondroplasty of the medial femoral condyle, chondral flap tear measuring approximately 1 by 1 and a half cm, and the placement of a pain pump infusion catheter. The injured worker underwent postoperative physical therapy. The documentation of 08/01/2014 revealed the injured worker had flare ups while performing exercises. The injured worker had increased pain and decreased range of motion with swelling, popping, and clicking. The examination of the right knee revealed a well healed surgical scar and postoperative changes. Variable swelling was noted. The injured worker had tenderness to palpation over the medial and lateral joint lines and patellofemoral region. The patellar grind test was positive. There was increased pain with flexion and extension. The injured worker had an x-ray of the right knee which revealed dissolvable screws in the tibia and femur in good position on 03/26/2014. The diagnosis included right knee surgery with anterior cruciate ligament repair performed on 01/16/2014 and psychiatric and sleep complaints deferred. The treatment plan included a home exercise program, a request for an authorization for an MR arthrogram of the injured worker's knee given the injured worker's current complaints and positive clinical correlation, a urine drug screen, and a refill of Norco 7.5/325 mg and Voltaren XR 100 mg. Additionally the documentation indicated the injured worker was pending authorization for additional postoperative therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated the injured worker was undergoing urine drug screens. However there was a lack of documentation of objective functional improvement, or objective decrease in pain, and documentation of possible side effects. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Norco 7.5/325 mg #60 is not medically necessary.

1 MRI arthrogram of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that special studies are not generally needed to evaluate most knee complaints until after a period of conservative care and observation. The injured worker had an X-ray in March of 2014 which was a normal post-operative x-ray. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation indicating a failure of conservative care as the injured worker was to finish post-operative therapy. Given the above, the request for 1 MRI arthrogram of the right knee is not medically necessary.