

Case Number:	CM14-0162638		
Date Assigned:	10/07/2014	Date of Injury:	09/13/2013
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 Orthopedic Surgery 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:

This is a 55-year-old gentleman injured his right knee while breaking up a fight between two students on 09/13/13. The clinical records provided for review included the 08/15/14 PR2 report that described continued complaints of pain in the knee as well as complaints of high blood pressure, muscle spasm, and difficulty sleeping. Physical examination of the right knee showed no evidence of laxity and an antalgic gait with a limp. There were no other physical findings documented. The injured worker also had an underlying diagnosis of lumbar strain; there were no formal physical examination findings or documentation of treatment other than medication management noted. There was also no formal documentation of imaging provided for review. The clinical history includes a prior urine drug screen dated 04/04/14, that showed concordant use of prescribed medication. There is a current request for a right knee arthroscopy, continued medication management of Norco and Motrin, a random urine drug sample, and a follow up urine drug screen assessment for results in preparation of a narrative report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5 mg. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use, page 76-80. Page(s): , page 76-80..

Decision rationale: Based on California ACOEM Guidelines, the request for continued use of Norco would not be indicated. While the medical records document that the injured worker has continued complaints of pain, there is no documentation of significant improvement or benefit as measured by the injured worker's activity level or work-related function as a result of Norco. There is currently no formal documentation of objective findings on examination of the injured worker's knee or low back that would support the need for Norco or narcotic analgesics. There is no imaging indicating compressive pathology or internal derangement of the lumbar spine or knee for review. Therefore, this request is not medically necessary.

Surgery, unspecified, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California ACOEM Guidelines do not support the request for right knee arthroscopy. The medical records do not contain any formal imaging reports or physical examination findings showing evidence of internal derangement of the knee that would necessitate arthroscopy. In absence of physical examination findings or clinical imaging, the acute need of surgery to the right knee would not be supported. Therefore, this request is not medically necessary.

Random urine sample (unspecified procedure) #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43 Page(s): 43.

Decision rationale: California MTUS Chronic Pain Guidelines would not support a random urine drug screen. There is evidence of a prior April 2014 urine drug screen that was concordant for appropriate use of medications. There is no indication of misuse or suspected misuse of medications noted. Without documentation of the above, this request is not medically necessary.