

<b>Case Number:</b>	CM14-0166339		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Medicine 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 case involves an injured worker who has an injury date of 11/3/2012. The injured worker slipped on a wet floor while walking downhill causing her to extend her left leg to break her fall and managed to regain her balance. However, later that day she started to feel a burning pain in her left knee. She was initially treated conservative therapy including analgesics and physical therapy. The injured worker later received a knee brace and a cane. An MRI was done which showed two tears in her left knee. Medications include Naproxen and Vicodin. She received a cortisone injection which she states worsened her pain. The patient had a synovectomy and chondroplasty of the left knee on 9/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved

quality of life. According to the injured worker's medical records there is no documented functional improvement with the use of Norco. Therefore, this request is not medically necessary.

**1 weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Ann Intern Med 2005 Apr 5;142(7):525-31

**Decision rationale:** According to guidelines it states for the treatment of obesity should be eating healthy and exercise. Other options include pharmacology and bariatric surgery. There is no evidence to support a weight loss program; therefore, this request is not medically necessary.

**1 diagnostic ultrasound study of 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 & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg (acute and chronic)

**Decision rationale:** According to guidelines it states soft-tissue injuries such as meniscal, chondral surface injuries and ligamentous disruption are best evaluated by MR. There has been arthroscopy surgery of the left knee done on 9/18/2013. According to the injured worker's medical records there is no indication of why ultrasound study is needed for this injured worker. Therefore, this request is not medically necessary.