MAXIMUS Federal Services

Case Number:	CM14-0214060		
Date Assigned:	12/31/2014	Date of Injury:	02/25/2014
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 63 year old patient with date of injury of 02/25/2014. Medical records indicate the patient is undergoing treatment for persistent left knee pain. Subjective complaints include left knee pain and swelling. Objective findings include mild swelling of the left knee; pain along the medial and lateral joint line and posteromedical and posterolateral join line; McMurray's is positive for pain, no significant click noted; ligamentous exam is stable; full extension and flexion to 130 degrees; MRI shows some signal change in the posterior horn of the medial meniscus and perameniscal cyst that is consistent with a tear of the posteromedial meniscus. There is some fluid in the knee consistent with an effusion. Some chronic chondral wear is noted. The ACL appears to be intact. There is some significant chondromaliacia underneath the patella. The lateral meniscus has a couple of signal changes and it looks like there could be a radial tear on the body. Treatment has consisted of Cortisone injection, physical therapy (9 sessions completed as of 12/2014), knee sleeve, Percocet, Xanax and Effexor. The utilization review determination was rendered on 12/09/2014 recommending non-certification of an Adjustable support knee brace and Percocet 5/325mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustable support knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM states" A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such, the request for adjustable support knee brace is not medically necessary.

Percocet 5/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): (s) 76, 80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficultly weaning." Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances". The treating physician does document some pain level improvement, however, does not document overall improvement in function, which is required for continued use of this medication. As such, the request for Percocet 5/325mg quantity 120 is not medically necessary.