

Case Number:	CM15-0175032		
Date Assigned:	09/16/2015	Date of Injury:	08/20/2014
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency Medicine

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 49 year old male, who sustained an industrial injury on 8-20-14. He reported right shoulder and knee pain. The injured worker was diagnosed as having pain in joint involving shoulder region and tear of medial cartilage or meniscus of knee. Treatment to date has included shoulder surgery on 2-25-15, at least 24 physical therapy sessions for the shoulder, and medication including Norco. Physical examination findings on 8-13-15 included right knee range of motion was from 5-120 degrees with pain at maximums of extension. Tenderness over the medial joint line was noted and McMurray's sign was positive. On 8-10-15, the treating physician noted, "at this time, he has had really no real treatment on his knee." Currently, the injured worker complains of pain in the right shoulder, right knee, and back. On 8-18-15, the treating physician requested authorization for a surgery assistant, physical therapy, and Norco. The treatment plan included right knee arthroscopy with meniscectomy. On 8-25-15, the requests were modified or non-certified. Regarding a surgery assistant, the utilization review (UR) physician noted, "The use of a surgical assistant is not medically necessary." Regarding physical therapy, the UR physician noted, "The guidelines recommend an initial 6 sessions of post-operative physical therapy." The request was modified to certify a quantity of 6. Regarding Norco, the UR physician modified the request to certify Norco 5-325mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: Section on assistant surgeon.

Decision rationale: Milliman Care Guidelines support the role of assistant surgeon for total joint arthroplasty. In this case, the patient is scheduled to have a knee arthroscopy. The request for assistant surgeon is not medically necessary and appropriate.

Physical therapy Unspecified amount: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend an initial series of 6 visits after which the effectiveness should be reassessed. Records indicate that 6 PT visits have already been authorized, but not initiated. The request for an indeterminate number physical therapy sessions is not medically necessary and appropriate.

Norco unspecified dosage and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco unspecified dosage and quantity is not medically necessary.