

Case Number:	CM15-0076181		
Date Assigned:	04/27/2015	Date of Injury:	06/04/2014
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/21/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male who sustained a work related injury June 4, 2014, when he stepped on an unsecured floor drain cover and his left knee popped. He was diagnosed with a left knee sprain/strain and treatment included medications, a hinged knee brace, and physical therapy. According to a primary treating physician's progress report dated April 2, 2015, and following a handwritten checklist, the injured worker presented with pain in the left knee with weakness, swelling, stiffness, and sensation of giving way. Objective findings included; left knee effusion, atrophy, loss of strength and loss of range of motion. Diagnoses are left ACL (anterior cruciate ligament) tear; chondromalacia patella; sprain/strain knee. Treatment plan included request for authorization for physical therapy, Oxycodone, Oxycontin CR, and Prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 20mg, quantity 90 (Rx 04/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Oxycodone 10/325mg, quantity 240 (Rx 04/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Prednisone 5mg, quantity 45, 3 refills (Rx 04/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Regarding Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: ACOEM does recommend oral prednisone as a recommended oral steroids as a means of treating chronic knee injuries. Oral or injected steroids may be indicated in some cases for an acute injury; however it is unclear from the records and guidelines how or why this would be indicated on a chronic basis. This request is not medically necessary.