MAXIMUS Federal Services

Case Number:	CM15-0094389		
Date Assigned:	05/20/2015	Date of Injury:	07/08/1998
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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: California
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 48-year-old male, with a reported date of injury of 07/08/1998. The diagnoses include left knee pain secondary to PCL (posterior cruciate ligament) tear and MCL (medial collateral ligament) sprain and right medial meniscus tear. Treatments to date have included oral medications; an MRI of the left knee which showed PCL tear and sprain of the MCL, right medical meniscus and lateral condyle bruising, loss of joint space, and moderate to severe diffuse atrophy of the left thigh muscle. The medical record dated 04/06/2015 indicates that the injured worker complained of left low back pain and left knee pain. The low back pain radiated to the thigh, medial calf along with the lateral calf. He continued to have worsening left knee pain, and his knee was buckling. The physical examination showed an antalgic gait, pain with lumbar range of motion, decreased sensation to light touch in the left medial calf and right calf, right knee swelling, and pain with palpation of the right pes anserine bursa. The medical record dated 03/02/2015 showed no difference in the objective findings. There was no documentation of pain ratings, increased pain relief, or increase in functionality. The treating physician requested a left knee corticosteroid injection to improve functionality and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee, Corticosteroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346, table 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG: Knee and Leg: Corticosteroid injections.

Decision rationale: As per MTUS ACOEM Guidelines, routine injections of knee is not recommended. As per Official Disability Guidelines, corticosteroid injections may be recommend short term for osteoarthritis pain of knee. Pt does not have a diagnosis of OA of knee and does not even meet basic criteria for injection. Injection of knee is not medically necessary.

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has worsening pain on current therapy, there is no documentation of any functional objective improvement and there is no appropriate documentation of long-term plan. Continued chronic use of Norco is not supported by documentation. Norco is not medically necessary.