

Case Number:	CM13-0005056		
Date Assigned:	12/18/2013	Date of Injury:	05/23/2006
Decision Date:	05/20/2014	UR Denial Date:	07/04/2013
Priority:	Standard	Application Received:	07/31/2013

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 Orthopedic Surgery 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 is a 60-year-old gentleman who sustained an injury to the right knee on May 23, 2006. Records provided for review indicate that the claimant underwent total knee arthroplasty in 2011. An October 3, 2013, clinical note documents increased complaints of knee pain, persistent in nature, since the surgery. The claimant continues to utilize medications, including narcotics. Physical examination findings showed restricted range of motion from 15 to 95 degrees, a stable ligamentous examination, medial and lateral joint line tenderness, and trace joint effusion. Radiographs showed that the total knee arthroplasty was in stable position. The claimant's working diagnosis was noted as status post total knee arthroplasty with residual pain and stiffness. Based on failed conservative care, the treating physician recommended revision surgery, preoperative blood work to include a Sed rate, C-reactive protein, and a white blood cell count to rule out an infectious process. The requests addressed on this review are for 12 additional sessions of physical therapy and a prescription for Doxepin

IMR ISSUES, DECISIONS AND RATIONALES

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

DOXEPIN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Section Page(s): 15.

Decision rationale: The California MTUS Chronic Pain Guidelines does not support the continued use of Doxepin in this case. Doxepin is a tricyclic antidepressant marketed for clinical use in depression, insomnia and anxiety disorders. The use of this agent is not indicated for the management of chronic pain. Additionally, the claimant's current complaints are not indicative of an underlying diagnosis of insomnia. Absent documentation of symptoms related to depression, insomnia or anxiety disorders, this request would not be supported as medically necessary

12 PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to California MTUS Chronic Pain Medical treatment Guidelines, formal physical therapy would not be indicated in this case. Two and one-half years have elapsed since the claimant's total joint arthroplasty, and the treating physician is recommending revision surgery. The records available for review do not establish why additional physical therapy would be of benefit or of clinical necessity for management of chronic symptoms pending revision surgery. This request would not be supported as medically necessary.