

Case Number:	CM13-0007526		
Date Assigned:	12/27/2013	Date of Injury:	09/03/1993
Decision Date:	02/11/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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:

The patient is a 67 YO female with a date of injury of 09/03/1993. UR dated 08/05/2013 notes that contact was made with treating physician's office and treater states that the Fentanyl patch and Tylenol #3 "had been requested by the claimant but had not been recommended by [REDACTED]". Patient has diagnoses of tear medial meniscal tear, arthropathy NOS, osteoarthritis of ankle, ankle enthesopathy and plantar fibromatosis. According to report dated 07/18/2013 by [REDACTED], patient presents with a list of items she considers necessary to address her right knee meniscal injury and right calcaneal spur. Report notes that patient has lost 50lbs with aqua exercises and riding a bike. Request is for Fentanyl patch, Tylenol 3, pool therapy x36, stationary bike and PT reassessment at 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 37mcg (no quantity given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl) Page(s): 44.

Decision rationale: This patient presents with right knee meniscal injury and right calcaneal spur. UR dated 08/05/2013 notes that contact was made with treating physician's office, and treater states that the Fentanyl patch "had been requested by the claimant but had not been recommended by [REDACTED]." MTUS guidelines pg. 44 states Duragesic® (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. This medication is not supported as a first line therapy and as the treater states he is not making a recommendation for this medication, recommendation is for denial.

Tylenol with Codeine (Tylenol #3) (no quantity given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: This patient presents with right knee meniscal injury and right calcaneal spur. UR dated 08/05/2013 notes that contact was made with treating physician's office and treater states that the Tylenol #3 "had been requested by the claimant but had not been recommended by [REDACTED] MTUS pgs 88, 89 recommends documentation of pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, the treater states he is not making a recommendation for this medication and reports lack of documentation for the need of this medication. Recommendation is for denial.

outpatient pool therapy three (3) x per week for unspecified duration, purchase of equipment for pool therapy, unspecified, but to include swimsuits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, and Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; and Physical Medicine Page(s): 22;98-99.

Decision rationale: This patient presents with right knee meniscal injury and right calcaneal spur. UR dated 08/05/2013 states request for pool therapy is for 3 x per week for unspecified duration. Progress report dated 07/18/2013 states request is for 3x per week for 3 months duration. It was also noted that patient had lost 50lbs with aqua therapy and bike riding. Treater requests 36x aqua therapy sessions to help with knee meniscal injury and right calcaneal spur. There is no therapy notes provided; therefore it is unclear as to how many sessions have been received and the outcome. MTUS page 22 states aqua therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Additionally. MTUS pages 98 and 99 recommend 9 visits over 8 weeks for tear of medial/lateral cartilage/meniscus of the knee. A short course of therapy may be

warranted in this case however, the requested 36 sessions substantially exceeds what is recommended per MTUS. Recommendation is for denial.

1 stationary bicycle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Exercise Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercise equipment

Decision rationale: This patient presents with right knee meniscal injury and right calcaneal spur. . It was also noted in progress report dated 07/18/2013 that patient had lost 50lbs with aqua therapy and bike riding. Treater requests a stationary bike for home use. . Exercise program is essential in all chronic pain patients and ACOEM and ODG guidelines discuss their importance in a number of different pages . ODG states, a home exercise program is of course recommended, however, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline. Recommendation for denial.

1 reassessment with physical therapy (PT) at every four (4) months duration for right knee and foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with right knee meniscal injury and right calcaneal spur. There are no physical therapy reports or discussion of physical therapy in the progress reports other than the requested aqua therapy and the reference to its benefit for patient's weight loss, knee and heel pain. Given that the aforementioned request for aqua therapy is being denied, the reassessment at 4 months is not warranted. MTUS page 8 has the following: The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treater has asked for therapy evaluation some time in the future. The treater should be providing on-going assessment of the patient and provide adequate recommendations. Recommendation is for denial for the requested therapy evaluation 4 month in the future.