

Case Number:	CM13-0012658		
Date Assigned:	09/18/2013	Date of Injury:	11/05/2010
Decision Date:	01/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

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 and 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.

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 40-year-old female, with a date of injury on 11/5/10. The progress report dated 7/17/13 by [REDACTED] noted that the patient had received a cortisone injection on 7/1/13 with good result and the patient continued with low back pain rated at 3/10. The patient's diagnoses include: status post left knee ACL repair on 1/12/11; lumbar spine sprain/strain. A request was made for 12 PT visits for the left knee and lumbar spine and a prescription for Tramadol 50 mg # 90 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for the left knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute and Chronic).

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

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine is recommended, and that physical medical treatment frequency should decrease over time from 3 visits per week to 1 or less with the goal of a self-directed home exercise program. For myalgia, myositis flare-ups, the guidelines only allows for 8-10 sessions of therapy treatments at a time.

A request was made for 12 PT visits for the left knee and lumbar spine. The patient is outside of the post-operative period with surgery from 1/12/11. The treater does not provide documentation regarding how many PT sessions the patient has received so far or the impact of this therapy on function. Additionally, there is a lack of comprehensive notes from to understand how much therapy has been provided thus far this year and the impact, if any, on the patient's pain or function. Without this information, one cannot determine whether or not additional physical therapy is consistent with guidelines at this time. The request for twelve (12) physical therapy sessions for the left knee and lumbar spine is not medically necessary and appropriate.

Unknown prescription for Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82.

Decision rationale: The Chronic Pain Guidelines indicate that Tramadol is not recommended as a first line therapy, but is suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; and (3) treatment of neuropathic cancer pain. It is unclear by the medical records if the patient has failed first line medication and the records indicate that the patient had recent decrease in knee pain following a cortisone injection. It is arguable whether or not Tramadol is indicated at this time given the improvement following the injection. The treater does not provide clarification. The patient's reported low back pain was a 3/10 as well, questioning whether or not an opiate is required. Given the lack of the treater's explanation for the rationale of using Tramadol, one cannot determine its appropriateness. Applying guideline criteria, it does not appear that the patient was experiencing an exacerbation of severe pain. The request for unknown prescription for Tramadol is not medically necessary and appropriate.