

Case Number:	CM13-0014213		
Date Assigned:	10/02/2013	Date of Injury:	05/16/2011
Decision Date:	09/15/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/20/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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:

The patient is a 51-year-old painter who has a date of injury of 05/16/11 who fell while carrying drywall and reportedly sustained multiple injuries. The patient underwent a left shoulder operation on 01/27/12, a more recent right knee lateral release and partial patellectomy in April 2013. The patient has also been diagnosed with a thoracic contusion and a lumbar sprain/strain at this pathology. Additional pool and land therapy as well as a topical cream containing multiple medications and Prilosec have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of aquatic/pool therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Additional pool and land based therapy cannot be recommended as medically necessary at this time. The patient is now nine months after his most recent knee operation and he has received postoperative physical therapy for several months after his surgical procedure. The patient has received therapy in the past for his other complaints as well. Given

the duration of time since the patient's most recent surgery and duration of time since his injury, additional physical therapy would not be recommended as medically necessary. The patient should be well versed in a home exercise program at this time. There would be no further need at this time for pool therapy to offset weightbearing forces. Rather, the patient should be capable of home exercises on land. The request is not medically necessary and appropriate.

Six (6) sessions of land therapy: 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 Physical Medicine Page(s): 98-99.

Decision rationale: Additional pool and land based therapy cannot be recommended as medically necessary at this time. The patient is now nine months after his most recent knee operation and he has received postoperative physical therapy for several months after his surgical procedure. The patient has received therapy in the past for his other complaints as well. Given the duration of time since the patient's most recent surgery and duration of time since his injury, additional physical therapy would not be recommended as medically necessary. The patient should be well versed in a home exercise program at this time. There would be no further need at this time for pool therapy to offset weightbearing forces. Rather, the patient should be capable of home exercises on land. The request is not medically necessary and appropriate.

Topical cream - Gaba, Keto, Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The cream containing multiple medications, including Tramadol, cannot be recommended as medically necessary. California MTUS Guidelines do not generally support topical analgesic medications and indicate that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There are no peer review studies that support the topical use of Tramadol, which is a primary component of the cream that has been requested. When topical medications include at least one ingredient that is experimental, the entire topical medication would be considered experimental. Accordingly, the request is not medically necessary and appropriate.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The use of Prilosec cannot be recommended as medically necessary in this case unless the patient is taking oral antiinflammatory medication. It is not clear from the records reviewed if the patient continues to take oral antiinflammatory medication. Oral antiinflammatory medication may place the patient at risk for gastrointestinal side effects and Prilosec could be indicated. The request is not medically necessary and appropriate.