

Case Number:	CM13-0016128		
Date Assigned:	10/11/2013	Date of Injury:	10/18/2002
Decision Date:	08/25/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine 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 male injured on 10/18/02 with chronic L knee pain and diabetes among other musculoskeletal complaints. The patient underwent total replacement of the L knee on 5/13/13 followed by several weeks of inpatient rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POST OPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to MTUS Post-Surgical Treatment guidelines, 24 visits of physical therapy over 10 weeks with a 4 month treatment period are recommended after knee arthroplasty. If there is evidence of functional improvement after 12 visits are completed, an additional 12 may be authorized. This is a request for an additional 12 visits of physical therapy for a 60-year-old male status post L total knee replacement. However, the patient already had 2-3 weeks of inpatient therapy along with at least 6 visits of outpatient therapy. Total visits completed at the time of this request are unclear. However, it appears to exceed 12. Medical

records fail to establish ongoing clinically significant functional improvement from physical therapy. Successive outpatient clinic notes note no improvement. Therefore, Twelve (12) Post-Operative Physical Therapy Sessions is not medically necessary.

NORCO 10/325MG (#45): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: According to MTUS guidelines, Norco is recommended for moderate to severe pain. Long-term use may be warranted if functional improvement is established. This is a request for Norco for a 60-year-old male approximately 2 month's status post L total knee replacement on 5/13/13. However, medical records fail to demonstrate clinically significant functional improvement due to use of Norco. Successive clinic notes after the patient was released from inpatient rehabilitation note no improvement. Therefore, Norco 10/325mg (#45) is not medically necessary.