MAXIMUS Federal Services

Case Number:	CM13-0017017		
Date Assigned:	12/11/2013	Date of Injury:	03/07/2008
Decision Date:	06/24/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

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:

The patient is a 42-year-old male who sustained a work-related injury on 03/07/2008. The clinical information indicates the patient's prior treatments include surgery, medication management, and physical therapy. The most recent progress report dated 08/13/2013 documented physical examination findings of an antalgic gait, knee stiffness, minimal range of motion of the right knee and ankle, joint effusion, hyperalgesia, diffuse weakness, sensory loss around the anterior knee, and atrophy in the thigh and leg. The diagnostic impression was status post proximal right tibial plateau fracture, right knee internal derangement, complex regional pain syndrome, low back pain, right shoulder impingement, and chronic pain syndrome. The treatment plan included a request for authorization for a spinal cord stimulator trial, referral to physical therapy, and a medication refill of Opana ER 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OPANA ER 10MG #60: 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 Opioids Page(s): 74-79.

Decision rationale: The California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use, which includes documentation of pain relief, appropriate medication use, functional improvement, and absence of adverse effects. The clinical information submitted for review lacks subjective or objective documentation of functional benefit or effective pain relief being obtained through the continued use of the requested medication. As such, the request for 1 prescription of Opana ER, 10mg, #60 is not medically necessary.

1 ORTHOPEDIC CONSULTATION REGARDING RIGHT KNEE ARTHROPLASTY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Office Visits.

Decision rationale: While the Official Disability Guidelines support the use of office visits based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment, the clinical information provided lacks documentation of lower levels of care being exhausted and failed prior to requesting an orthopedic consult. As such, the request for orthopedic consultation regarding right knee arthroplasty is not medically necessary.

6 PHYSICAL THERAPY SESSIONS FOR RIGHT SHOLUDER IMPINGEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: The Official Disability Guidelines for physical therapy of the shoulder recommend medical treatment of 10 visits over 8 weeks for impingement and should allow for fading of treatment frequency plus incorporation of an active self-directed home physical therapy program. The clinical information submitted for review is not clear as to the patient's progress or compliance with prior physical therapy or his home exercise program. Given that the patient has had prior physical therapy, there is no indication why additional formal physical therapy would be required when the patient should be well versed in an independent, self-directed exercise program to continue functional gains and pain reduction. As such, based on the documentation received for this review and Guideline recommendations, the request for 6 Physical Therapy sessions for right shoulder impingement is not medically necessary.