

Case Number:	CM13-0019822		
Date Assigned:	10/11/2013	Date of Injury:	03/19/2013
Decision Date:	01/09/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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, 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 underlying date of injury in this case is 03/19/2013. The reference diagnosis is a fracture of the patella. Prior physician review notes that the patient underwent surgery for this condition on 03/21/2013 and subsequently underwent a course of physical therapy which included 2-3 sessions at one facility and then 24 sessions at another facility, with improvement in right knee symptoms. The patient was additionally approved for 12 more therapy sessions. The patient more recently was noted to have the gradual onset of neck and low back pain related to poor posture and an altered gait favoring the right knee. Chiropractic with additional therapy was recommended by the treating physician. The prior physician review done indicated that the medical records did not discuss specific criteria in the past physical therapy program or proposed additional therapy to support the need for such additional therapy. This reviewer also concluded that chiropractic was not medically necessary based upon the guidelines and that the medical records did not document a rationale for opioid use in Tylenol with codeine to support its use based on the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation to the cervical spine and lumbar spine three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition Web 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58..

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation, page 58, recommends, "Low Back: Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months." The medical records do not provide an alternate rationale to support the requested chiropractic treatment which exceeds these guidelines. This request is not medically necessary.

Physical therapy of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition Web 2011..

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." This patient would be anticipated to have transitioned by now to an independent active rehabilitation program. The goals identified and treatment provided could be addressed through such a home rehabilitation program. The specific methods or rationale as to why additional supervised therapy would be indicated are not apparent in the guidelines or medical records. This request is not medically necessary.

Tylenol with codeine 300/30mg: 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 Section on Codeine, and Section on Opioids/Ongoing Pain Management Page(s): 35 and 78..

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Codeine, page 35, states, "Recommended as an option for mild to moderate pain...Codeine is a controlled substance. It is similar to morphine." Therefore, the guidelines for opioids would apply. The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records do not document such monitoring for functional improvement and thus titration of codeine. This request is not medically necessary.