

Case Number:	CM13-0022961		
Date Assigned:	11/15/2013	Date of Injury:	01/09/2008
Decision Date:	02/19/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

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 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 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. 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 56 -year-old female the data injury of January 9, 2008. Patient has a diagnosis of major depressive disorder, status post total knee replacement bilaterally. The left knee was replaced on April 25, 2013. The patient complains of numbness and tingling to her right foot. She is taking Naprosyn, Norco and Zofran. She has had 18 sessions of post-operative Physical Therapy. X-rays as of July 2013 do not indicate loosening of the artificial joint, however, bone scan in 11/2013 does show possible loosening. On 8/21/13 the doctor reports quadriceps atrophy. The request is made for physical therapy two times a week for four weeks. The patient has nausea and vomiting due to her Norco use. Patient is Temporary Total Disability (TTD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Physical therapy two times four , total of eight: 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: MTUS post-surgical guides allow for 24 visits of post-operative physical therapy following total knee arthroplasty. The patient has 18 sessions of treatment so far, within

the timeframe of the guide. She has six markings available to still fall within guidelines. However the request is for eight sessions. In order to be medically appropriate, the patient's complete successions of therapy and then be reevaluated for additional treatment. The patient should show improvements in function and reductions in pain with the therapy and have medical reason for continuing path 24 sessions allowed. Currently there is no indication other than quadriceps atrophy to indicate the patient needs therapy. The patient does have additional issues such as diabetes and depression to consider. They should be included should the patient need more than 24 sessions post surgery. In addition, current notes indicate that the joint may be loosening, and may warrant alternative treatment. Therefore, currently, eight sessions of Physical Therapy post-surgically are not appropriate.

Zofran: 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) pain, Zofran

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: MTUS does not address this medication. Official Disability Guidelines (ODG) states that is used for nausea related to chemotherapy or radiation. It may be used for postop nausea. It is currently being used for treatment of side effects of Norco. It is NOT indicated for nausea due to opioids or other medication according to ODG. There is no indication as why this medication has been superior to others. Therefore this medication is not appropriate for this patient.