

Case Number:	CM13-0024106		
Date Assigned:	11/20/2013	Date of Injury:	02/06/2008
Decision Date:	02/06/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

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 patient is a 72-year-old male who reported an injury on 02/06/2008. The mechanism of injury was not provided within the medical records. It is known that the patient has had continuing bilateral knee pain, as well as right wrist pain. Per the most recent clinical note dated 08/26/2013, the patient is waiting for an EMG/NCS of his cervical spine and an MR arthrogram of the right knee. The patient is noted to have had numerous sessions of physical therapy, to include PT that extended from 07/2012 through 01/2013, with little to no improvement. The patient's current medications include tramadol 20% cream; apply to affected area twice daily; and Lyrica 25 mg, 1 daily. The patient's current diagnosis list includes carpal tunnel syndrome to the right hand and internal derangement of an unspecified knee. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical 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): s 98-99.

Decision rationale: The California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort.

For unspecified myalgia and myositis, the guidelines recommend 9 to 10 visits of physical therapy, with extension of therapy dependent upon objective documentation of improvement. According to the functional measurements obtained in physical therapy during 12/2012 and the functional measurements obtained in the evaluation of 08/2013, the patient has actually improved since his last time of therapy. The patient went from being able to squat with pain past 20 degrees of flexion, to being able to squat with pain past 45 degrees of flexion. He is also noted to have improved his symptoms when sitting, from 45 minutes to 60 minutes, and increased stair climbing from less than 10 steps to 10 to 20 steps. The patient also reports his lowest level of pain decreasing from a 3/10 to a 1/10 or 2/10; his worst pain from a 5/10 to a 3/10 to 5/10. The patient's range of motion to include extension, has not changed at -5 degrees; flexion unchanged at 105 degrees; muscle strength unchanged at 3/5. Wrist range of motion includes 30 degrees of extension, 55 degrees of flexion, 10 degrees of radial deviation, and 30 degrees of ulnar deviation. The patient does not currently have any significant deficits in the right knee; however, it would appear that physical therapy would be appropriate for the right wrist. Unfortunately, the current request does not specify which body area will be receiving the physical therapy, and no anticipated amount of sessions was provided. Therefore, medical necessity cannot be determined. As such, the request for physical therapy is non-certified.

Tramadol Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

Decision rationale: The California MTUS Guidelines recommend tramadol in treating moderate to severe pain. However, there is no information regarding the topical version of tramadol included in the CAMTUS/ACOEM or ODG guidelines. Therefore, a thorough search of FDA.gov was performed. The FDA does not currently provide any supporting evidence for the use of topical tramadol. As such, the request for tramadol cream is non-certified.