

Case Number:	CM13-0024660		
Date Assigned:	11/20/2013	Date of Injury:	10/29/2012
Decision Date:	02/03/2014	UR Denial Date:	08/30/2013
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 Illinois. 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 64-year-old female with a reported date of injury on 10/29/2012. The patient presented with a positive apprehension sign in the right knee, medial joint line tenderness in the right knee, lateral joint line tenderness in the right knee, measurable thigh atrophy 8 inches above the superior pole of the patella on the right knee and paraspinal muscle tenderness reported in the lumbar spine musculature. The patient had a negative drawer test and a negative collateral ligament stress test, and there was no medial collateral ligament pain on valgus stress. The patient had diagnoses including lumbago, lumbar strain/sprain and knee strain/sprain on the left. The physician's treatment plan included a request for 1 prescription of Ultram 50 mg and aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend that patients utilizing opioid medication should obtain prescriptions from a single practitioner; medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe

the lowest possible dose in order to improve pain and function. The provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain; the least reported pain over the period since that last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The documents reviewed did not include adequate documentation of significant objective functional improvement with the use of the medication. The documents reviewed did not include an adequate assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Therefore, the request for 1 prescription of Ultram 50 mg is neither medically necessary nor appropriate.

unknown aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The California MTUS Guidelines note that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable, for example, in extreme obesity. The guidelines recommend 8 to 10 sessions over 4 weeks with an initial clinical trial of 6 sessions in order to demonstrate objective functional improvement with therapy. The documents reviewed did not include an adequate and complete assessment of the patient's current objective functional condition in order to demonstrate deficits needing to be addressed with aquatic therapy. The documents reviewed did not include an adequate assessment of the patient's objective functional condition before and after aquatic therapy in order to demonstrate objective functional improvement. It was unclear as to how many sessions of aquatic therapy the patient had attended. Therefore, the request for aquatic therapy sessions is neither medically necessary nor appropriate.