

<b>Case Number:</b>	CM13-0025234		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/13/2005
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, has a subspecialty in Pain Management 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:

This is a female patient with date of injury of April 13, 2005. 8 utilization review determination dated August 28, 2013 recommends no certification of pain management consultation, and modified certification for 5 physical therapy visits (the request was for 6 physical therapy visits). The reviewing physician stated that the patient had undergone one physical therapy session as identified on a May 30, 2013 progress report, and therefore modified the physical therapy request to 5 visits. A progress report dated October 4, 2013 indicates that the patient's knees are doing well. Prescribed medications include Ecotrin, Norco, Vicodin, and Percocet. Physical examination identifies squats at 50% with full range of motion and not much of a limp. Assessments states post left total knee arthroplasty, permanent and stationary. A progress report dated August 29, 2013 indicates that the patient has an antalgic list due to muscle spasms. The note states that he has had a flare-up over the past 6 weeks due to a fall. The note states that the patient had 2 treatments to resolve that flare-up. Physical examination identifies an antalgic list, well-healed 9 inch TKR scar, and muscle guarding. Lumbar spine has reduced range of motion. Diagnoses include status post total right and left knee surgeries, lumbosacral sprain/strain, and left leg radiculopathy. The treatment plan indicates that the patient does well with minimal amounts of physical medicine treatment. The note states that [REDACTED] needs to have a pain management consult with [REDACTED] to determine whether or not the medications that have been provided will be appropriate. The patient is prescribed Protonix, Anaprox, and Vicodin one to 2 tablets per day. The note also recommends physical medicine treatment 1 to 3 times over a 2 week period for any acute flares. A note dated August 27, 2013 indicates that the discontinuation of Vicodin and Anaprox causes pain to increase, increase swelling, decrease activities of daily living, and increase the need for physical medicine treatment. A progress report dated August 1, 2013 recommends evaluation with [REDACTED], pain management specialist, to address the issue of repeated denials for gabapentin, Flexeril, Anaprox, Protonix, Vicodin, tramcap C, and Diflur.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**pain management consultation for pharmacological support:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

**Decision rationale:** Regarding the request for referral to physiatrist for consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician seems to be asking for a pain management consult to figure out why medications have been denied. The requesting physician should be well-versed in the work comp system enough to ascertain why medications are denied, and provide appropriate documentation of their medical necessity if they are in fact medically necessary. There is no documentation that any pain management procedures are being sought. Additionally, there is no indication that the current treating physician feels uncomfortable prescribing any of the currently used medications. In the absence of clarity regarding those issues, the currently requested pain management consultation is not medically necessary.

**6 physical therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any sustained objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective

deficits. Additionally, there is no documentation of the current active flare-up for which a short course of therapy may be indicated. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.