

Case Number:	CM13-0027664		
Date Assigned:	01/10/2014	Date of Injury:	10/18/2002
Decision Date:	03/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/23/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 18, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; a total knee arthroplasty on May 13, 2013; muscle relaxants; a cane; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of August 19, 2013, the claims administrator modified a request for Norco 10/325 #60 with four refills to partial certification of 30 tablets with no refills, denied a request for 24 sessions of physical therapy, and denied a request for consultation with an internist. The claims administrator's rationale behind the denial was seemingly truncated with the IMR submission. A December 6, 2013 progress note is notable for comments that the applicant has not yet attended physical therapy. He has pain, swelling, and weakness about the legs. He states that Soma and Norco are providing appropriate analgesia. He is asked to continue the same while remaining off of work, on total temporary disability. He is asked to begin the previously authorized 12 sessions of therapy. The attending provider further writes on November 11, 2013 that authorization has already been provided for 12 physical therapy sessions. In a progress note of September 27, 2013, the attending provider renews prescriptions for Norco, Soma, and physical therapy while placing the applicant off of work, on total temporary disability. The applicant is asked to follow up with an internist, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with four (4) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, no such evidence of a favorable response to ongoing Norco usage was evident on or surrounding the Utilization Review Report of August 19, 2013. The applicant remained off of work, on total temporary disability, beyond this point in time. None of the progress reports provided established the presence of improved function and/or reduced pain established as a result of ongoing opioid usage.

24 post-operative physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 8.

Decision rationale: In this case, the applicant was outside of the four-month postsurgical physical medicine treatment established in MTUS 9792.24.3 following the total knee arthroplasty surgery performed on May 13, 2013 as of the date of the Utilization Review Report of August 19, 2013. Thus, the MTUS Chronic Pain Medical Treatment Guidelines are applicable. While Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, in this case, the applicant had already had 12 sessions of treatment authorized, the attending provider had noted. Thus, the applicant had already had at least 12 sessions of physical medicine treatment in the chronic pain phase of the injury. Additional treatment on the order of the 24 sessions being proposed here cannot be supported as this treatment is far in excess of MTUS parameters. It is further noted that Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines endorses interval reassessment of an applicant to ensure the presence of functional improvement so as to justify ongoing treatment. Therefore, request remains non-certified, on Independent Medical Review.

One (1) consultation with Internist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
1.

Decision rationale: While Page 1 of the MTUS Chronic pain Medical Treatment Guidelines does acknowledge that the presence of persistent complaints should lead an attending provider to reconsider the operating diagnosis and "decide whether a specialist evaluation is necessary," in this case, however, the attending provider has not proffered any applicant-specific rationale or narrative to the request for authorization or to the application for IMR so as to justify the internal medicine consultation. It is not clearly stated for what diagnosis or for what issue the internal medicine consultation is intended. Therefore, request remains non-certified, on Independent Medical Review.