

Case Number:	CM13-0043552		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2011
Decision Date:	05/06/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 claimant was injured in a work related accident on August 15, 2011. The clinical records in this case indicate a recent progress report of May 9, 2013 demonstrating continued complaints of pain about the knee despite conservative measures including recent injectual care. Radiographs of the knee on that date demonstrated severe degenerative changes with end stage change to the medial compartment. A home exercise program and viscosupplementation was provided at that time. The claimant had recently followed up on September 18, 2013 with continued complaints of pain despite conservative care. She was once again diagnosed with severe degenerative change to the left knee. There was an underlying diagnosis of lumbar pain with radiculopathy; however, formal physical exam findings were not noted. Recommendations at that time were for a Functional Capacity Examination as well as role of Tramadol for continued treatment from a medication point of view.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR TRAMADOL ER 150 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids- Tramadol (Ultram) Page(s): 91-94.

Decision rationale: CA MTUS Guidelines would not support the continued role of Tramadol. Tramadol is not recommended in the chronic setting with efficacy not noted beyond sixteen weeks of use. The records in this case indicate a diagnosis of osteoarthritis to the knee and residual chronic back pain. The continued role of this acute acting medication in the chronic setting would not be supported.

THE REQUEST FOR FUNCTIONAL CAPACITY EVALUATION FOR THE LEFT KNEE AND LUMBAR SPINE, 4 HOURS: 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), Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 77-89 AND 54-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty - Functional Capacity Evaluation (FCE)

Decision rationale: CA MTUS states, "Determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. When looking at Official Disability Guideline criteria, Guidelines for performing Functional Capacity Examination would be indicated if prior unsuccessful return to work attempts is noted with timing close to or at maximal medical improvement. Records in this case do not indicate prior unsuccessful return to work attempts and fail to give specific clinical diagnosis to the claimant's lumbar spine that would support the need for an inability to attempt return to work at this stage in clinical course. The specific request for the FCE at this stage given the claimant's current clinical presentation and lack of documentation of recent treatment, physical examination findings to the lumbar spine or clinical imaging to support specific diagnosis would not be supported.