

Case Number:	CM13-0053551		
Date Assigned:	12/30/2013	Date of Injury:	11/02/2012
Decision Date:	03/14/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice, 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 patient is a 61-year-old female who reported bilateral shoulders, bilateral hands, bilateral knees, and low back injuries on 11/2/12 due to a trip and fall. The patient had previously received treatment in the form of physical therapy, brace immobilization, and medications to control pain and physical limitations of the right knee. The patient underwent right knee arthroscopy that took place in August 2013. The patient's most recent clinical examination stated that she had completed 12 sessions of physical therapy with continued pain complaints rated at a 6/10. Physical findings included limited range of motion from 0 to 90 degrees with a slightly antalgic gait. The patient's chronic pain was managed with medications to include Tramadol, Cyclobenzaprine, and naproxen sodium. The patient's treatment plan included continuation of medications, continuation of physical therapy, and a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional physical therapy three times a week for four weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
25. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS recommends 12 sessions of physical therapy for meniscus repair, loose body removal, and chondromalacia of the patella. The clinical documentation submitted for review indicates that the patient has undergone 12 visits of postoperative physical therapy. The patient continues to have deficits that would benefit from continued physical therapy; however, an additional 12 visits does not allow for timely re-assessment and re-evaluation of this treatment modalities. The Official Disability Guidelines recommend a trial of six physical therapy visits to support continued efficacy. As the requested 12 visits exceed this recommendation, they would not be indicated. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the additional physical therapy is not medically necessary or appropriate.

60 Tramadol ER 150mg: Overturned

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

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

Decision rationale: The California MTUS states that the continued use of opioids for chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and monitoring for compliant behavior. The clinical documentation submitted for review indicates that the patient receives approximately 5 points of pain reduction on a 10-point pain scale with the use of this medication. It is also documented that this medication allows for improved range of motion and greater exercise tolerance. The clinical documentation also indicates that the patient does not have any significant side effects from this medication. Also, it is noted within the documentation that the patient has a pain contract and is evaluated for aberrant behavior. Therefore, the continued use of this medication would be indicated. As such, the requested Tramadol is medically necessary and appropriate.

90 naproxen sodium 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 67.

Decision rationale: The California MTUS recommends naproxen sodium as the non-steroidal anti-inflammatory drug of choice for long-term usage in the management of chronic pain. The clinical documentation submitted for review indicates that the patient has an approximate 3-point pain reduction on a 10-point pain scale as a result of this medication. Additionally, it is documented that this medication allows for greater range of motion and an ability to participate in activities of daily living. The California MTUS also recommends that the continued use of medications for chronic pain be supported by pain relief and functional benefit. As this

medication does provide the patient with significant pain relief and allows for participation in activities of daily living, continued use would be supported. As such, the requested naproxen sodium is medically necessary and appropriate.

90 Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The California MTUS does not recommend the extended use of this medication; guidelines only recommend the use of muscle relaxants for short durations of treatment. The clinical documentation submitted for review indicates that the patient has been on this medication for an extended duration of time. Although there is documentation of functional benefit and symptom relief resulting from this medication, continued use would not be supported. As such, the requested Cyclobenzaprine is not medically necessary or appropriate.