MAXIMUS Federal Services

Case Number:	CM13-0061359		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2012
Decision Date:	05/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine & Rehabilitation 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 patient is a 43 year old male who was injured on 06/08/2012. The patient sustained an injury when he kneeled down to attempt to carry a 20-30 pound machine and felt immediate pain and his knee "cracked." Prior treatment history has included Diclofenac XR, Ultram, Tizanidine 4 mg, Omeprazole 20 mg and a TENS unit. He had physical therapy which provided him partial relief. He was prescribed Tylenol 4 per day, chiropractic treatment, and Naproxen 550 mg. The patient underwent a right knee arthroscopy with synovectomy, medial plica resection and partial lateral meniscectomy on 07/08/2013 and 6 postoperative physical therapy sessions. Diagnostic studies reviewed include X-ray of the right knee dated 06/21/2012 demonstrated a knee joint effusion is present. X-ray of the right knee dated 07/25/2012 revealed nonspecific findings with minimal knee joint effusion and posterolateral bursal fluid. PR2 dated 08/07/2013 indicated the patient to have complaints of right knee pain. The range of motion was to 90 degrees. He walked with an antalgic gait and he had an old Ace bandage that he was using. He was provided with a Neoprene knee sleeve to help him with his symptoms. The patient was diagnosed with status post right knee lateral meniscus tear, right knee mechanical symptoms, and right knee chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ONE TIME INTENSIVE INTERDISCIPLINARY EVALUATION, PHYSICAL THERAPY EVALUATION, AND PSYCHOLOGICAL ASSESSMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

Decision rationale: According to the guidelines, a psych evaluation may be recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions. The references state specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. The medical records do not establish the patient has exhausted standard postoperative conservative measures, which would include physical therapy/physical methods with instruction in a home exercise program, palliative measures such as ice/heat, and judicious use of non-opioid medication. According to the CA MTUS post-surgical guidelines, up to 12 supervised therapy sessions over 12 weeks, are recommended following this type of surgery. The medical records do not indicate the patient has completed full course of post-op PT. There is no mention of the patient utilizing a self-directed home exercise program. There is no mention of the patient's current pain level, nor is there documentation of any psychological issues complaints with corroborative objective findings/observations of that nature. The medical necessity for an intensive interdisciplinary with physical therapy evaluation and psychological assessment has not been established.

1 REFILL NAPROXEN 500MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: According to the CA MTUS guidelines Naproxen "NSAID" is recommended at the lowest dose for the shortest period in patients with moderate to severe pain, there is no evidence of long-term effectiveness for pain or function. The medical records do not include current documentation of the patient's pain level. Consequently, the medical necessity of Naproxen has not been established at this time.

1 REFILL CYMBALTA 60MG WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: Duloxetine (CymbaltaÂ®): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine

is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. According to the guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Review of the medical records does not reveal the patient has any of these diagnoses. There are no high quality evidence to support the use for other conditions. The patient is status post a right knee arthroscopy with synovectomy, medial plica resection and partial lateral meniscectomy on 07/08/2013. The medical records do not establish the patient has benefited with use of this medication. There is no documented subjective improvement in pain and function, or improved objective findings demonstrated on examination. The medical necessity of Cymbalta has not been established. The guidelines note that withdrawal effects can be severe, so abrupt discontinuation should be avoided and tapering is recommended before discontinuation.

6 VISITS OF PHYSICAL THERAPY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The patient underwent a right knee arthroscopy with synovectomy, medial plica resection and partial lateral meniscectomy on 07/08/2013, and had completed 6 postoperative physical therapy sessions. He had obtained partial relief with PT. The follow-up evaluation on 8/7/2013 noted right knee pain, antalgic gait and limited range of motion. Generally, 12 postop PT sessions are recommended following this type of surgery. In accordance with the guideline recommendations, 6 more PT sessions is appropriate. The medical necessity of 6 PT sessions has been established.