

Case Number:	CM13-0067818		
Date Assigned:	01/03/2014	Date of Injury:	03/27/2011
Decision Date:	08/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 40-year-old male who has submitted a claim for an undisclosed injury (not made available on the medical records) associated with an industrial injury date of 03/27/2011. Medical records from 03/31/2011 to 09/08/2011 were reviewed. However, pertinent symptoms and physical examination findings were not made available. The medical records available were solely ophthalmologic findings. Treatment to date was not made available based on the medical records provided. Utilization review dated 12/10/2013 denied the request for physical therapy, x-ray of the right knee, and Norco. The rationale behind the decisions was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and

expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the medical records available were solely ophthalmologic findings. Symptoms and physical examination findings pertinent to the request were not made available. There was no available documentation of the number of physical therapy visits and participation in HEP. The current clinical and functional status of the patient is unknown. Therefore, the request for Physical Therapy (PT) is not medically necessary.

X-Rays Of The Right Knee: 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)- Knee Radiographs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: According to pages 341-343 of the ACOEM Guidelines referenced by CA MTUS, most knee problems improve quickly once any red-flag issues are ruled out. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters for ordering knee radiographs following trauma in this population are: joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and inability to flex knee to 90 degrees. In this case, the medical records available were solely ophthalmologic findings. Symptoms and physical examination findings pertinent to the request were not made available. There were no available physical examination findings to fulfill the criteria for knee X-ray by the guidelines. The current clinical and functional status of the patient is unknown. Therefore the request for X-rays of right knee is not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the medical records available were solely ophthalmologic findings. Symptoms and physical examination findings pertinent to the request were not made available. There was no available documentation of pain relief, functional improvement, and urine toxicology review to support the continuation of

Norco. The current clinical and functional status of the patient is unknown. Therefore the request for Norco is not medically necessary.