

<b>Case Number:</b>	CM14-0000531		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Oklahoma, Texas, California, and Tennessee. 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 injured worker is a 69-year-old male injured on 10/05/10 due to undisclosed mechanism of injury. The injured worker was status post right total knee replacement on 06/19/13 and left knee surgery secondary to osteoarthritis. The injured worker underwent right total knee replacement on 06/19/13 followed by twelve sessions of post-operative physical therapy. The clinical note dated 11/18/13 indicated the injured worker presented with complaints of right knee pain rated at 1/10 with stiffness to the right knee. Range of motion was limited by pain upon flexion/extension with flexion at 89 degrees and extension negative five degrees. The injured worker was recommended aggressive post-operative physiotherapy at a frequency of three times a week for eight weeks to improve strength, stability, range of motion, and decreased pain. The medications included Tramadol 50mg, Ambien 10mg, and Flomax. The initial request for post-operative physical therapy for the right knee 24 sessions and Tramadol 50mg was initially non-certified on 12/10/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POSTOPERATIVE PHYSICAL THERAPY FOR THE RIGHT KNEE (24 SESSIONS):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical medicine,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine, Page(s): 98.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 24 visits over ten weeks for the treatment of knee arthroplasty and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentation indicates the injured worker attended 12 post-operative physical therapy sessions. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of postoperative physical therapy for the right knee (24 sessions) cannot be established at this time. As such, the request is not certified.

**TRAMADOL 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, criteria for use, Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the injured worker reported his pain at 1/10 indicating a minimal amount of pain which does not necessitate the use of opioid medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the necessity of narcotics, the medical necessity of Tramadol 50mg cannot be established at this time. As such, the request is not certified.