

Case Number:	CM14-0006499		
Date Assigned:	03/03/2014	Date of Injury:	06/13/2009
Decision Date:	07/17/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 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:

This is a 54-year-old female with a date of injury of 6/13/09. The mechanism of injury occurred at work while cleaning. She turned and heard a cracking sound in her left knee. On 12/17/13, the patient presented 2 months post-operative after her left total knee replacement. She is currently participating in physical therapy. Objective exam showed reduced range-of-motion in the bilateral knees and 4/5 knee extension. The provider documents in the plan of care included prescribing Ultram for breakthrough pain when NSAIDs are not sufficient. A UR decision dated 11/6/13 certified 16 sessions of post-operative physical therapy. Diagnostic Impression is s/p left total knee replacement. Treatment to date: work restriction, chiropractic visits, left total knee replacement on 10/10/13, PT, medication management. A UR decision dated 1/9/14, denied the request for a refill of Ultram and continuation of Physical Therapy. The physical therapy request was denied because there was no frequency or duration provided. In addition, there was no documentation of objective evidence of functional benefit. The Ultram was denied because the intended dose and quantity was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL OF ULTRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no documentation of functional improvement or continued analgesia with the use of Ultram. Also, there was no documentation of lack of adverse side effects or aberrant behavior. In addition, there was no evidence of CURES monitoring or an opiate pain contract. In addition, the intended dosage and quantity was not specified. Therefore, the request for refill of Ultram is not medically necessary.

CONTINUATION OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines supports up to 24 sessions of physical therapy after a total knee replacement. The patient was certified for 16 sessions of physical therapy on 11/6/13. It is unclear from the documentation provided how many sessions of physical therapy the patient has had, and if she completed all 16 sessions. In addition, there is no documentation of functional improvement or gains in activities of daily living from the previous physical therapy sessions. In addition, the number of physical therapy sessions being requested is not specified. Therefore, the request for continuation of physical therapy is not medically necessary.