

Case Number:	CM14-0006928		
Date Assigned:	02/21/2014	Date of Injury:	08/29/2009
Decision Date:	07/17/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/18/2014

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:

The patient is a 34-year old male who has submitted a claim for lumbar sprain/strain and status post left knee arthroscopy and meniscal repair associated with an industrial injury date of August 29, 2009. Medical records from 2013 were reviewed. The patient complained of persistent lower back and left knee pain. Physical examination of the lumbar spine showed decreased ROM, tenderness to the paraspinals bilaterally, positive Kemp's test bilaterally, and decreased strength and sensation bilaterally at 4/5 at L4, L5, and S1. Treatment to date has included NSAIDs, opioids, topical analgesics, home exercise programs, and surgery. Utilization review from December 16, 2013 modified the request for physical therapy 2x4 weeks lumbar spine to 2 sessions of physical therapy for the lumbar spine to serve as a transition to a self-administered home exercise program. The request for physical therapy 2x4 weeks left knee was modified to 2 sessions of physical therapy for the left knee to serve as a transition to a self-administered home exercise program. The request for Anexsia (Hydrocodone 7.5/325MG) #60 with 1 refill was modified to Anexsia (Hydrocodone 7.5/325MG) #60 with no refill for the possibility of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 WEEKS LUMBAR SPINE: Overturned

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

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

Decision rationale: Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG states that 10 physical therapy visits over 8 weeks is recommended for cases of lumbar strains and sprains. In this case, there were no reports of previous physical therapy sessions to the lumbar spine. Physical examination documented decreased lumbar ROM, decreased strength, and sensation to the lower legs. Physical therapy was requested to decrease pain, increase ROM, and increase muscle strength. Medical necessity for physical therapy was established. Therefore, the request for physical therapy 2x4 weeks lumbar spine is medically necessary.

PHYSICAL THERAPY 2X4 WEEKS LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Knee and Leg Chapter, Physical Medicine Treatment.

Decision rationale: Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG states that 12 physical therapy visits over 12 weeks is recommended for cases of post-surgical derangement of meniscus. In this case, recent progress notes showed no physical limitation or functional deficits pertaining to the left knee. In addition, the patient had 1 session of physical therapy for the left knee in 2012. There were no reports as to the results of physical therapy and why it was not completed. Therefore, the request for physical therapy 2x4 weeks left knee is not medically necessary.

ANEXSIA (HYDROCODONE 7.5/325 MG) #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, APAP Page(s): 78-81; 11-22.

Decision rationale: Pages 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, CA MTUS states that Acetaminophen is indicated for treatment of chronic pain & acute exacerbations of chronic pain. In this case, the patient has been using Anexsia since May 2013. However, there were no reports of functional gains and continued analgesia from Anexsia use. Therefore, the request for Anexsia (Hydrocodone 7.5/325MG) #60 with 1 refill is not medically necessary.

