

Case Number:	CM14-0101427		
Date Assigned:	07/30/2014	Date of Injury:	02/03/2011
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 46-year-old female with an injury date of 02/03/2011. According to the 06/18/2014 progress report, the patient complains of lumbar spine pain and left knee pain. She complains of having sleep issues as well as GI distress. Upon examination of the lumbar spine, the patient has positive tenderness/palpation, spasm, decreased range of motion, and sensitivity. The left knee also revealed positive tenderness/palpation, spasm, decreased range of motion, and sensitivity. The patient's diagnoses include the following: Sprain/strain of the knee and leg and old disruption of medial collateral ligament. The request is for twelve aqua therapy, twelve physical therapy sessions, and Norco 5/325 mg #30. The utilization review determination being challenged is dated 06/26/2014. Treatment reports were provided from 12/27/2013 - 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy:Physical Medicine Page(s): 22; 98,99.

Decision rationale: According to the 06/18/2014 progress report, the patient presents with lumbar spine pain and left knee pain. The provider does not provide any discussion as to any goal that may be accomplished with the aqua therapy. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy were available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. In this case, there is no documentation of extreme obesity where a need for reduced weight bearing. There is no indication of why the patient cannot tolerate land-based exercises, and the current requested 12 sessions exceed what is allowed by the MTUS for this kind of condition. Such as, 12 Aqua therapy sessions is not medically necessary.

12 Physical therapy sessions: Upheld

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

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

Decision rationale: Based on the 06/18/2014 progress report, the patient presents with lumbar spine pain and left knee pain. There is no indication that the patient has previously had any physical therapy sessions nor is there any discussion as to what the physical therapy sessions will accomplish. The MTUS Guidelines pages 98 and 99 allow 9 to 10 visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 week for neuralgia, neuritis, and radiculitis. The provider has requested for 12 sessions of therapy which exceeds what is allowed by the MTUS Guidelines. Such as, 12 physical therapy sessions is not medically necessary.

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61; 88, 89; 78.

Decision rationale: Based on the 06/18/2014 progress report, the patient presents with lumbar spine pain and left knee pain. The MTUS requires functioning documentation using a numerical scale, validated instrument at least once every 6 months, as well as documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). Documentation of pain, time it takes for medication to work, and duration of pain relief are all also required. Review of the reports does not provide any discussion in regards to how Norco has impacted the patient. Given the lack of sufficient documentation demonstrating efficacy from the use of Norco, the patient should be weaned off of Norco as outlined in the MTUS Guidelines. Such as, Norco 5/325mg #30 is not medically necessary.