MAXIMUS Federal Services

Case Number:	CM14-0125141		
Date Assigned:	08/11/2014	Date of Injury:	02/08/2013
Decision Date:	09/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 60-year-old female with a date of injury of 2/08/13. Mechanism of injury was a twisting motion of the left knee. The patient had initial conservative care that included PT, bracing, medications and intra-articular cortisone injection. Though conservative care was done, symptoms persisted for this patient with left knee end-stage arthritis, varus alignment deformity and a 15 degree flexion contracture with significant loss of terminal flexion prior to TKR surgery. Surgery was requested, and approved in Utilization Review as well as 12 initial post-op PT sessions. A left TKR surgery was done on 5/28/14. Post-op therapy was initiated, and medications, including Percocet were prescribed. This was submitted to Utilization Review on 8/01/14. At that point, the patient had completed 18 sessions of PT post-op. 8/07/14 PT report notes that 18 sessions had been done. Knee flexion was only at 90-95 degrees. Given guideline recommendations, the UR physician only recommended an additional 6 sessions of PT (total of 24 post-op per guidelines following TKR surgery). Though 60 pills of Percocet were ordered, only 12 were recommended by the UR physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 25-26.

Decision rationale: The CA MTUS post-surgical treatment guidelines recommend up to 24 post-op PT sessions following a TKR surgery. This patient had completed 18 sessions of post-op PT, when another 12 were requested. This was reviewed in Utilization Review, and the UR physician modified the request to an additional 6. Under straightforward post-op conditions, this would be appropriate. However, in this case, at post-op PT session #18, the patient was noted to have significant limitation at the knee (as can be seen in arthrofibrosis). She only had approximately 90 degrees of flexion. This is non-functional for effective and safe ambulation. The post-surgical guideline recommends up to 20 sessions of PT following Manipulation Under Anesthesia, the procedure for this type of flexion contracture, but does not discuss PT duration for non-surgical management. Given the degrees of physical impairment, an additional 12 sessions was reasonable. Additional PT x 12 sessions are medically necessary.

60 Percocet 5-325mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines do support use of opioid pain medications for severe acute pain and in the post-operative recovery period, but generally do not support use of opioid pain medications for chronic non-malignant pain. In this case, the patient was still in the peri-operative rehabilitation period, and still with significant deficits due to severely limited ROM following the TKR surgery. During this period, use of opioids for post-op pain control is reasonable. When sent to Utilization Review, the UR physician recommended a treatment modification to 12 pills from the requested 60. This sudden of a discontinuance/taper places the patient at high risk for withdrawl syndrome. The request for 60 Percocet pills is medically necessary on a basis of being appropriate in the peri-operative period, as well as the requested reduction being too sudden/drastic, placing the patient at risk of a withdrawal syndrome. Medical necessity of 60 Percocet 5-325 is established. The request is medically necessary and appropriate.