

Case Number:	CM14-0170713		
Date Assigned:	10/23/2014	Date of Injury:	10/18/2011
Decision Date:	11/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/18/11 when, while working for the Transit Authority, she was working on a jammed ticket gait and twisted her right knee. An MRI of the right knee in November 2011 showed findings of a new medial meniscus tear and worsening osteoarthritis. She underwent right knee arthroscopy in July 2012 followed by postoperative physical therapy. On 11/13/13 the claimant underwent a right knee unicompartmental arthroplasty also followed by postoperative physical therapy. Treatments have also included use of a brace and injections. She was seen on 06/10/14. She was having constant right knee swelling with aching and sharp pain with decreased range of motion and occasional buckling. Physical examination findings included use of a cane. She had an antalgic gait. There was diffuse right knee tenderness and warmth. She had decreased cervical, lumbar, bilateral shoulder, and right knee range of motion. Right knee motion was uncomfortable. Medications included Norco 10/325 mg up to eight times per day, Ambien, ibuprofen, bupropion, Lipitor, and she had recently been started on Celexa. The assessment references a poor result from her right knee replacement. On 08/28/14 she was continuing to be limited by medial knee pain and difficulty walking. She was unable to tolerate prolonged standing. She was performing a home exercise program. She was continuing to take oxycodone and intermittently using a cane. Physical examination findings included an antalgic gait with decreased range of motion and quadriceps weakness. Authorization for physical therapy was requested. Oxycodone was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) pool therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 87.

Decision rationale: The claimant is more than 3 years status post work-related injury and one year status post unicompartmental right knee replacement with suboptimal outcome and continues to be treated for right knee pain. The claimant has already completed land-based physical therapy and is performing a home exercise program. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case the claimant has been able to participate in land based physical therapy treatments and is performing an independent home exercise program. Therefore the request of twelve (12) pool therapy sessions is not medically necessary and appropriate.

Twelve (12) physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant is more than 3 years status post work-related injury and one year status post unicompartmental right knee replacement with suboptimal outcome and continues to be treated for right knee pain. In terms of physical therapy, patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. In this case, the claimant has already completed a course of physical therapy and is performing a home exercise program. In this case the claimant has been able to participate in land based physical therapy treatments and is performing an independent home exercise program. Therefore, the requested twelve (12) physical therapy sessions are not medically necessary and appropriate.

Oxycodone 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, dosing Page(s): 76-80 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and one year status post unicompartmental right knee replacement with suboptimal outcome and continues to be treated for right knee pain. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking consistent with her history of injury and surgery. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the Oxycodone 10mg #60 is medically necessary and appropriate.