

Case Number:	CM14-0184621		
Date Assigned:	11/12/2014	Date of Injury:	05/09/2013
Decision Date:	12/15/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/05/2014

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 & 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 49 year-old patient sustained an injury on 5/9/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy with pool for right knee quantity 8.00 and Theramine with Norco convenience kit quantity 1.00. Diagnoses include s/p right knee arthroscopy with medial and lateral partial meniscectomy, chondroplasty, and synovectomy (3/28/14) with post-op PT. Conservative care has included medications, physical therapy, aquatic therapy, acupuncture, psychological treatment and CBT, knee sleeve, AFL foot ankle brace, and modified activities/rest. Report of 8/28/14 from a provider noted the patient with appeal for pool therapy as recent aquatic therapy has provided benefit and for Norco and Theramine co-packs for chronic pain. The kit would allow for convenience to titrate the dose, lowering the risk for side effects. Report of 9/2/14 from the provider noted the patient with chronic ongoing symptoms with appeal for additional acupuncture and continued on Norco, Gabapentin, and Protonix with pain relief and function. Pain rated at 9/10 without and 7/10 on VAS with medications. The patient was noted to have 12 authorized CBT sessions with reported benefits. The request(s) for Physical Therapy with pool for right knee quantity 8.00 was modified for quantity 2:00 and Theramine with Norco convenience kit quantity 1.00 was non-certified on 11/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with pool for right knee quantity 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: This 49 year-old patient sustained an injury on 5/9/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy with pool for right knee quantity 8.00 and Theramine with Norco convenience kit quantity 1.00. Diagnoses include s/p right knee arthroscopy with medial and lateral partial meniscectomy, chondroplasty, and synovectomy (3/28/14) with post-op PT. Conservative care has included medications, physical therapy, aquatic therapy, acupuncture, psychological treatment and CBT, knee sleeve, AFL foot ankle brace, and modified activities/rest. Report of 8/28/14 from a provider noted the patient with appeal for pool therapy as recent aquatic therapy has provided benefit and for Norco and Theramine co-packs for chronic pain. The kit would allow for convenience to titrate the dose, lowering the risk for side effects. Report of 9/2/14 from the provider noted the patient with chronic ongoing symptoms with appeal for additional acupuncture and continued on Norco, Gabapentin, and Protonix with pain relief and function. Pain rated at 9/10 without and 7/10 on VAS with medications. The patient was noted to have 12 authorized CBT sessions with reported benefits. The request(s) for Physical Therapy with pool for right knee quantity 8.00 was modified for quantity 2:00 and Theramine with Norco convenience kit quantity 1.00 was non-certified on 11/3/14. The patient has received both un-quantified land-based and aquatic therapy since the right knee arthroscopic surgery of March 2014, over 8 months ago. Although it is noted the patient has improved from aquatic therapy, it appears no quantifiable functional gains or pain relief has been achieved from the aquatic treatments already rendered. There is no reported ADL deficiency or gains from therapy rendered nor ability to wean down the analgesic use. The rehab period for shoulder arthroscopy has been surpassed and there is no diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2013 injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports showed no evidence of functional benefit, unchanged or increased chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not adequately demonstrated the indication to support for the additional pool therapy. The Physical Therapy with pool for right knee quantity 8.00 is not medically necessary and appropriate.

Theramine with Norco convenience kit quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Medical Foods

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids COMPLEMENTARY, ALTERNATIVE TREATMENTS, OR DIETARY SUPPLEMENTS Page(s): 74-96, 136-137.

Decision rationale: This 49 year-old patient sustained an injury on 5/9/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy with pool for right knee quantity 8.00 and Theramine with Norco convenience kit quantity 1.00. Diagnoses include s/p right knee arthroscopy with medial and lateral partial meniscectomy, chondroplasty, and synovectomy (3/28/14) with post-op PT. Conservative care has included medications, physical therapy, aquatic therapy, acupuncture, psychological treatment and CBT, knee sleeve, AFL foot ankle brace, and modified activities/rest. Report of 8/28/14 from a provider noted the patient with appeal for pool therapy as recent aquatic therapy has provided benefit and for Norco and Theramine co-packs for chronic pain. The kit would allow for convenience to titrate the dose, lowering the risk for side effects. Report of 9/2/14 from the provider noted the patient with chronic ongoing symptoms with appeal for additional acupuncture and continued on Norco, Gabapentin, and Protonix with pain relief and function. Pain rated at 9/10 without and 7/10 on VAS with medications. The patient was noted to have 12 authorized CBT sessions with reported benefits. The request(s) for Physical Therapy with pool for right knee quantity 8.00 was modified for quantity 2:00 and Theramine with Norco convenience kit quantity 1.00 was non-certified on 11/3/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. Additionally, per MTUS Treatment Guidelines, Theramine is classified as medical food containing products that are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The provider has not documented any nutritional deficiency or medical conditions that would require nutritional supplementation as it relates to this patient's musculoskeletal injuries. The Theramine with Norco convenience kit quantity 1.00 is not medically necessary and appropriate.

