

Case Number:	CM14-0024690		
Date Assigned:	06/11/2014	Date of Injury:	01/28/2013
Decision Date:	08/06/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old female with a 1/28/2013 date of injury. She injured her right knee, left thumb and her neck when she became tangled in her headset cord and fell at work. Her diagnoses include cervical sprain with degenerative disc disease with intermittent radiculitis to the upper extremities. The patient also had derangement of the right knee with posterior cruciate ligament tear and meniscal tears. Under consideration is a request for physical therapy to the right knee x 12, Lodine 600 and Norco 10/325. A 2/22/13 MRI right knee reveals a high-grade tear of the posterior cruciate ligament; the ACL and collateral ligaments are intact. There is no evidence of a meniscal tear. The treatment to date includes 12 sessions of physical therapy to the neck August 2013, Hydrocodone since 11/2013, and a cortisone injection to right knee on 10/3/13. There is a 1/6/14 document that states that the patient is currently is on Lodine and Norco. The patient currently is being seen for her right knee and cervical spine area. The patient previously was authorized physical therapy for her cervical spine and right knee in San Diego; however, she has not commenced any therapy at this time. It was recommended that she begin therapy in the Long Beach area. The patient continues having pain in the cervical spine area. She gets occasional paresthesias to the upper extremities however, not persistent in nature. Her pain at times radiates to both left and right shoulders. In reference to her right knee, she continues having pain. The previously provided cortisone shot has not helped her. An examination shows minimal decrease in range of motion of the cervical spine. She has paravertebral muscle guarding. Neurologic to the upper extremity is currently intact. Examination of the right knee Shows minimal effusion. There is tenderness to palpation over the medial and lateral joint line. Ligament testing reveals slight posterior Instability. Medial and lateral collateral ligaments are within normal limits in extension and 30 degrees with flexion. McMurray test is slightly positive

for both medial and lateral compartment. Three x-ray views of the right knee dated March 7, 2013 revealed slight lateral placement of the patella with lateral tilt. The medial joint space shows a small osteophyte off the medial femoral condyle, and the space measured 4 mm. The lateral space measured 4 mm with slight narrowing at the intercondylar notch. The lateral view showed a well-maintained patellofemoral joint space. The condyles were smooth. No other abnormalities. A 5/9/13 cervical MRI reveals multi level degenerative disc disease and foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12 SESSIONS TO RIGHT KNEE: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Medicine Treatment.

Decision rationale: The MTUS guidelines recommend a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home. The ODG guidelines state that as with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. Although the request for knee physical therapy is reasonable the request for 12 exceeds guideline recommendations would exceed this recommendation of a trial. The request for physical therapy x 12 sessions to the right knee is not medically necessary.

LODINE 600 FOR UNKNOWN FREQUENCY AND DURATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), Etodolac (Lodine, Lodine XL, generic available) Page(s): 67,68,71.

Decision rationale: The MTUS guidelines recommend NSAIDS for osteoarthritis (including knee and hip) at the lowest dose for the shortest period in patients with moderate to severe pain. The patient does have a history of osteoarthritis per imaging studies however without a known frequency or duration Lodine cannot be certified. The request for Lodine 600 unknown frequency and duration is not medically necessary.

NORCO 10/325 FOR UNKNOWN FREQUENCY AND DURATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, When to Discontinue Opioids Page(s): 78-80.

Decision rationale: The current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. According to available documentation, the patient had been utilizing therapy since at least November without documented evidence of significant improvement in pain or overall functional improvement. Additionally the MTUS states that documentation should include the 4 A's for Ongoing Monitoring which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate that these domains of ongoing monitoring are being addressed. The request also does not indicate a quantity or frequency. The request for Norco 10/325mg is therefore not medically necessary.