

Case Number:	CM14-0034087		
Date Assigned:	06/20/2014	Date of Injury:	07/17/2002
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 Nevada. 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 injured worker is a 38 year-old female who was reportedly injured on 7/17/2002. The mechanism of injury is noted as being struck by a wheelchair. The most recent progress note dated 3/6/2014 indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated right knee: dysesthesia to superficial touch over the anterior/lateral portion of the right knee. Also decreased sensation to pinprick of dermatomes L4-L5. Diagnostic studies include an MR arthrogram of the right knee which was performed on 10/17/2003 which reveals moderate chondromalacia patella of the lateral patellar facet, mild chondromalacia patella of the medial patellar facet. Mild thickening/scarring at the medial margin of the medial patellar retinaculum compatible with post-surgical changes. Very small knee effusion. Mild intra-meniscal myxoid degenerative signal intensity at the junction of the body and posterior horn of the medial meniscus without evidence of a discrete tear. The lateral meniscus is intact, no ligament tear identified. Previous treatment includes physical therapy (failed) 12-12-2013 note, medications such as Motrin, Celebrex, Vicodin, and Lidoderm patch. A request had been made for Physical Therapy two times a week for eight weeks, and was not certified in the pre-authorization process on 3/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98, 99 OF 127.

Decision rationale: The MTUS supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Based on the clinical documentation provided; objective findings discuss dysesthesia to superficial touch over the anterior/lateral portion of the right knee. Also, there is notation of decreased sensation to pinprick of dermatomes L4-L5. The clinical documentation is lacking sufficient objective evidence of the patient's right knee functional limitations which may be addressed by physical therapy. Also noted in December 2013 the history of present illness states patient has failed physical therapy. The request for additional Physical Therapy treatments is not medically necessary.

Requip 0.25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg chapter, updated June 5, 2014.

Decision rationale: As outlined in the ODG (MTUS and ACOEM do not address) these are not considered first-line treatment and are reserved for patients who have been unresponsive to other treatments. The progress notes presented for review do not address the need for this medication and when considering the adverse effects, there is little clinical indication presented of a clinical indication for this medication. Based upon the progress notes presented for review, the request for Requip is not medically necessary.