

Case Number:	CM14-0039703		
Date Assigned:	06/27/2014	Date of Injury:	10/12/2013
Decision Date:	09/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/04/2014

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 records presented for review indicate that this 39-year-old individual was reportedly injured on 10/12/2013. The mechanism of injury was noted as a slip without fall. The most recent progress note, dated 2/20/2014, indicated that there were ongoing complaints of low back pain and bilateral knees pain. The physical examination demonstrated a slight antalgic gait, and the patient was still limping. Lumbar spine had positive tenderness to palpation from the thoracolumbar spine to the density-based pelvis. Paralumbar musculature was slightly tight, with positive tenderness to palpation in the buttocks. The patient was unable to fully squat due to pain. Flexion was 25-30 degrees, extension 20 degrees, right and left tilts 20 degrees. Motor and sensory in the bilateral lower extremities were within normal limits. Bilateral knees had patellar tracking, which was abnormal, with a positive patellar grind. There was also positive tenderness to palpation to the hamstrings medial lateral joint line and mild swelling. Positive McMurray's test. Medial and lateral collateral ligament stress test was mildly positive. Diagnostic imaging studies included radiographs of the left knee, which revealed a 2 mm of cartilage space and slight flattening of the contour of the femoral condyle. Previous treatment included left knee arthroscopy, physical therapy, medications, and conservative treatment. A request had been made for Tramadol ER 150 mg #60, AppTrim #120, physical therapy of the bilateral knees and lumbar spine #8 sessions and was not certified in the pre-authorization process on 3/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary.

AppTrim #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter-Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://nccam.nih.gov/health/weightloss>.

Decision rationale: Weight loss is a lifestyle issue that relates to calories consumed and calories expended. Some people, in their efforts to lose weight, turn to unproven dietary supplements sometimes marketed as fat burners or appetite suppressants, which can have harmful side effects. Counseling for diet and exercise as well as behavioral therapies are the mainstays of treatment of obesity. Additionally, weight loss is not necessarily a medical necessity regarding the injured employee's injury. Therefore, this request for this medication is deemed not medically necessary.

Physical therapy to knees and lumbar spine for 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has complaints of low back pain and bilateral knees pain, and review, of the available medical records, fails to demonstrate an improvement in pain or function with previous use of physical therapy. The claimant underwent previous sessions of functional restoration therapy both pre-and post operatively, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.