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| <b>Case Number:</b>   | CM14-0040238 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 08/14/2013 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 03/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier knee arthroscopy on December 27, 2013; and unspecified amounts of postoperative physical therapy. In a utilization review report dated March 25, 2013, the claims administrator denied a request for 18 sessions of physical therapy on the grounds that the applicant had already received treatment in excess of MTUS parameters, denied a request for tramadol, and denied a request for Naprosyn. The claims administrator's overall report length was some 15 plus pages and incorporated numerous guidelines, the bulk of which were not incorporated into its rationale. The applicant's attorney subsequently appealed. In a March 18, 2014, progress note, the applicant presented three months removed from an anterior cruciate ligament (ACL) reconstruction surgery and lateral meniscal repair surgery. The applicant had mild complaints of knee pain. The applicant was not working, it was acknowledged. The applicant was using Norco, Prilosec, and various topical compounds. The applicant exhibited 5-/5 knee strength and 3 to 105 degrees of knee range of motion. Eighteen sessions of physical therapy, extended release Tramadol, Naprosyn, Prilosec, and Neurontin were endorsed. The applicant was placed off work, on total temporary disability. Topical compounded drugs were also endorsed. It was stated that the applicant had transportation issues. There was no discussion of medication efficacy incorporated into the note in question. On May 6, 2014, the applicant was described as six months removed from the earlier ACL reconstruction surgery. The applicant had had issues attending physical therapy owing to a lack of transportation. The applicant was doing home exercises, it was stated, was not working, and was employing Naprosyn, tramadol, and Flexeril, as well as topical compounded medications. The applicant

had some stiffness but did not have a visibly antalgic gait. The applicant exhibited squatting which was 60-70% normal. Patient is noted to have a 3+ to 4/5 lower extremity strength was noted with 0 to 100 degrees of range of motion noted about the injured knee. Eighteen sessions of physical therapy and multiple medications were renewed. The claims administrator stated that the applicant had had 16 prior sessions of physical therapy following the arthroscopic knee surgery of December 27, 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy: 3x6 additional sessions postop: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20(f), Postsurgical Treatment Guidelines.

**Decision rationale:** The 18-session course of treatment proposed is at odds with MTUS 9792.24.3.c.4, which stipulates that the frequency of physical therapy treatment should be gradually reduced or discontinued as an applicant gains independence in terms of management of symptoms and with achievement of functional goals. It is further noted that the 18 sessions of treatment, if approved, would result in treatment well beyond the 24-session course endorsed in MTUS 9792.24.3 following ACL reconstruction surgery, as apparently transpired here, on December 27, 2013. Finally, Section 9792.24.3.c.4.b also stipulates that postsurgical physical medicine shall be discontinued at anytime during the postsurgical physical medicine period in applicants who failed to demonstrate functional improvement with the same. In this case, the applicant remained off work, on total temporary disability, as of the date additional physical therapy was sought, March 18, 2014, i.e., the applicant remained off work some four months removed from the date of surgery. The applicant continued to remain reliant on various analgesic and adjuvant medications such as tramadol and Neurontin. There were, furthermore, concerns over noncompliance to therapy voiced by the attending provider. For all the stated reasons, then, additional physical therapy on the order that proposed is not indicated. Therefore, the request is not medically necessary.

**Tramadol (Ultram) ER 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, none of the afore-mentioned criteria are seemingly met. The attending provider has not outlined any tangible, concrete, or material improvements in function or decrements in pain achieved as a result of ongoing tramadol usage. The applicant is, moreover, off work, on total temporary disability. No discussion of medication efficacy was incorporated into the cited progress notes. Therefore, the request is not medically necessary.