

Case Number:	CM14-0048397		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2001
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 and knee arthritis reportedly associated with an industrial injury of June 7, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a left knee total knee arthroplasty on November 6, 2013; and unspecified amounts of physical therapy, per the claims administrator. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for eight sessions of physical therapy outright and partially certified a request for Norco, apparently for weaning purposes. The claims administrator stated that the applicant had undergone 29 sessions of postoperative physical therapy following a total knee arthroplasty surgery of November 6, 2013. Despite the fact that the applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3, the claims administrator nevertheless cited the postsurgical treatment guidelines. Norco was apparently partially certified on the grounds that the applicant had not clearly profited from the same. The applicant's attorney subsequently appealed. In a handwritten progress note of February 25, 2014, the applicant was described as making progress following the total knee arthroplasty surgery in question. The applicant was improving with physical therapy but had apparently developed a cyst about the knee which is slowing his progress. The applicant exhibited fairly well-preserved knee range of motion from 0 to 130 degrees with only minimal tenderness noted. Additional physical therapy was sought while the applicant was returned to work with a 20-pound lifting limitation. Norco was also renewed. It was stated that the applicant was improved as expected. The note was admittedly somewhat difficult to follow. In a physical therapy progress note of February 24, 2014, it was stated that the applicant had not returned to work as he was now retired. It was stated that the applicant was a former construction worker and was still having some limitations in terms of dressing,

showering, and donning socks. The applicant stated that he would like to return to walking and riding horses. Additional physical therapy is apparently sought for that purpose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy Sessions: Overturned

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

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

Decision rationale: It is noted, as stated previously, that the claimant was already outside of the four-month postsurgical physical medicine treatment period established in MTUS following the total knee arthroplasty surgery which apparently transpired on November 6, 2013 as of the date of the Utilization Review Report, March 7, 2014. The information on file indicates that the claimant was making appropriate strides with the physical therapy. The claimant was making progress in terms of strength, range of motion, and gait. It was stated, however, that the claimant had avowed goals of improving walking tolerance and also wanted to ride horses. Given the claimant's favorable response to earlier treatment, the clearly outlined goals for further physical therapy proffered by the attending provider, the request for physical therapy meets guideline criteria. Therefore, the request for eight physical therapy sessions is medically necessary and appropriate.

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: 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, the attending provider did not incorporate any discussion of medication efficacy into his progress notes. The attending provider did not make any mention of how ongoing usage of Norco was beneficial here. There was not discussion of pain levels, pain scores, and functionality vis--vis ongoing Norco usage. Therefore, the request for Norco 5/325 mg # 30 is not medically necessary and appropriate.