

Case Number:	CM14-0060539		
Date Assigned:	07/09/2014	Date of Injury:	06/13/2009
Decision Date:	08/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Orthopedic Surgery, 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:

54 year old female injured worker with an industrial injury dated 06/13/09. The patient had a total left knee replacement on 10/10/13 and proceeded with physical therapy sessions after the surgery. Exam note dated, 01/28/14, states the patient returns with knee pain and reports it being rated at a 7/10. She also complains of low back pain. Exam shows tenderness to palpation over the paraspinal musculature with a diagnosis of lumbar radiculopathy. Exam note 04/08/14 states patient still has knee pain and reports 2+ reflexes in the patellae and achilles in addition to palpation over the medial and lateral joint lines of the left knee. Physical exam of 04/08/14 states range of motion is 0-90 degrees and strength is at 4/52 with plantar flexion. Images demonstrate the patient has osteolysis of the tibial component. Treatment plan includes venous duplex and Ultram. Submitted records do not demonstrate prior dosage or response to Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous Duplex QTY 1: Upheld

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

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, Venous Thrombosis.

Decision rationale: ODG, recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. In this case the exam notes from 4/8/14 do not justify objective evidence to support venous duplex. There is no evidence of palpable cords, asymmetric swelling or other signs of deep vein thrombosis. As such, the request is not medically necessary.

Ultram Qty:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93; 86; 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Ultram is not recommended as a first line oral analgesic. In this case there is no documentation of the cited records of improvement in function or decrease in pain with use of Tramadol. Therefore the request is not medically necessary.