

Case Number:	CM14-0069230		
Date Assigned:	07/14/2014	Date of Injury:	07/08/2010
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 injured worker is a 61-year-old female with a reported date of injury on 07/08/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post total knee arthroplasty, left knee strain/sprain, degenerative joint disease, cervical spine strain/sprain with herniated cervical disc, and herniated lumbar disc with radiculopathy. Her previous treatments were noted to include surgery, medications, and Hyalgan injections. The progress note dated 04/17/2014 revealed the injured worker complained of continued pain to her right knee and rated the pain level at 6-7/10 intermittent. The injured worker rated her pain at the lumbar level at 9-10/10. The physical examination of the right knee revealed a well healed incision secondary to total knee arthroplasty. The Request for Authorization form was not submitted within the medical records. The request was for a Recumbent Stationary Bike to help with strengthening of her knee and Norco 10/325 mg for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recumbent Stationary Bike: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47.

Decision rationale: The request for a recumbent stationary bike is non-certified. The injured worker had total knee arthroplasty and Hyalgan injections. The California Chronic Pain Medical Treatment Guidelines state there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. The guidelines do not recommend 1 form of exercise over another exercise regimen, and there is a lack of documentation regarding a home exercise program. The guidelines state home exercise can be performed with or without assistive devices. Therefore, the request is non-certified.

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management of Opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg is non-certified. The injured worker complained of knee pain rated 6-7/10, and lumbar spine pain rated 9-10/10. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There was a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.