

Case Number:	CM14-0074238		
Date Assigned:	07/16/2014	Date of Injury:	01/13/2006
Decision Date:	09/10/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 Emergency 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 patient was injured on 1/13/2006. No mechanism of injury was provided for review. Patient has a diagnosis of post-traumatic osteoarthritis of knees and lumbosacral pain with radiculopathy. Medical records reviewed. Last report available until 4/17/14. Some reports up to 6/19/14 were provided but these were not reviewed since prospective data does not retrospective change criteria used for medical review as per MTUS guidelines. The provided progress note reports are hand written and very brief with limited information. There are no medication list provided. There are no imaging or electrodiagnostic report provided for review. There is no prior surgical list or prior medical history provided. There is no summary report provided. Patient complains of knee pain 4/10 and low back pain 7/10. Objective exam reveals antalgic gait, positive straight leg raise, and lumbar spine spasms with restricted range of motion. Patient had reported completed 10 sessions of PT by 8/20/13 with reported improvement and less pain. Independent Medical Review is for "Continued physical therapy" #2sessions/week for 4 weeks (total 8) and Ultram ER 150mg #60 with 1 refill. Prior UR on 4/21/14 recommended modification of Ultram ER to #60 with no refill and denied continued physical therapy. It approved medical followup.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY: 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.

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy may be recommended due to good success rate. MTUS guidelines recommend fading frequency and home directed therapy. Patient has already reportedly completed at least 10 sessions of PT after the initial injury years ago. There is report of improvement after those sessions. There is no documentation of home directed physical therapy or a home maintenance exercise routine. There is no documentation of any end goal of repeat PT or chance of long term improvement. As per guidelines, it recommends up to a total of 10 PT sessions. The requested number of 8 additional sessions above what has already been done without adequate documentation is not medically necessary.

ULTRAM ER 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: UR report clarifies that the requested number of tablets are 60tabs with 1 refill. Tramadol is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation for all criteria. The requested number of tablets with 1 refill is not appropriate for close monitoring criteria for chronic opioid use as well. The documentation failed all required MTUS components to recommend the Tramadol prescription. Tramadol is not medically necessary.