

<b>Case Number:</b>	CM14-0082774		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Nevada. 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 records presented for review indicate that this 59-year-old male was reportedly injured on June 6, 2005. The mechanism of injury is noted as having aluminum framing fall on the employee. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and knee pain. The physical examination demonstrated tenderness and spasms as well as decreased range of motion of the cervical and lumbar spine. There was also tenderness of the right knee and a positive McMurray's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for physical therapy two times a week for three weeks for the right knee and was not certified in the pre-authorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 3 weeks- right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-8.

**Decision rationale:** The injured employee had sustained a work-related injury nine years ago and has almost certainly previously participated in physical therapy for the right knee during that time. It is expected that the injured employee has transitioned to a home exercise program and therefore it is unclear why revisiting physical therapy is requested at this time. Considering this, the request for physical therapy twice week for three weeks for the right knee is not medically necessary.

**Vicodin 5/300mg #90 with refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Vicodin is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Vicodin is not medically necessary.