

Case Number:	CM14-0111175		
Date Assigned:	08/01/2014	Date of Injury:	11/15/2011
Decision Date:	03/25/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 11/15/2011. Per primary treating physician's progress report dated 3/24/2014, the injured worker complains of knee pain. He rates his pain with medications as 1/10 and without medications as 5/10. He denies any new injury. Since his last visit, quality of life has improved and his activity level has increased. On examination of the right knee, there is bow leg deformity and surgical scar at medial and lateral aspect (arthroscopic). Range of motion is restricted with flexion 125 degrees limited by pain, but normal extension. Tenderness to palpation is noted over the medial joint line. Anterior drawer, Lachman test, pivot shift test posterior drawer, and reverse pivot test are negative. He has pain to the right medial knee with passive varus stress applied to the knee. Left knee reveals flexion limited to 135 degrees, but normal extension. There is tenderness to palpation over the medial joint line. Motor examination reveals knee extensors strength 5-/5 on the right and 5/5 on the left, and knee flexor strength 5-/5 on the right and 5/5 on the left. Sensory examination and reflexes are normal in the bilateral lower extremities. Diagnoses include 1) knee pain 2) pain in joint, lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-5. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The injured worker has been injured for over three years and has had postoperative therapy for the right knee. There is no report of prior therapy and response to therapy. There is no report of the status of a home exercise program. The injured worker is reported to be doing better with improved quality of life and increased activity. There left knee examination reveals flexion to 135 degrees and normal extension, with normal strength and sensation. The goals with therapy are not clear. It would be expected at this time the injured worker would be experienced in therapeutic exercises for the knee and have an established home exercise program for self-directed continued rehabilitation. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 6 sessions of physical therapy for the left knee is determined to not be medically necessary.

Oxycodone HCL 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is reported to have 5/10 pain without medications that decreases to 1/10 with medications. He is reported to have improved quality of life and increased activity, but there is no indication that this is due to opioid pain medication use. The injured worker has been injured for over three years. The primary treating physician reports that the injured worker's surgeon is also authorized to provide post-surgical pain medication. Oxycodone is a stronger opioid that is more likely to have negative side effects than weaker opioid pain medications. Medical necessity

for chronic treatment with opioid pain medications has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone HCL 5mg #60 is determined to not be medically necessary.