

<b>Case Number:</b>	CM14-0206027		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/09/2003
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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, has a subspecialty in Interventional spine 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 is a 67-year-old male with a date of injury of 03/09/2003. Diagnosis from 05/06/2014 is status post total knee arthroplasty from 04/30/2014. According to this report, the patient is a little bit pale. The surgery site is healing well without any signs of infection. No evidence of drainage. Range of motion is almost full upon extension, flexion is over 90. The patient has minimal weakness of the quadricep muscle group. X-rays reveal alignment is acceptable, AP, lateral and merchants view of the right knee joint. The treater states that the patient was provided physical therapy in conjunction with a home exercise program. He is to continue taking his "pain medications." No other findings were noted on this report. Treatment reports from 03/06/2014 to 12/01/2014 were provided for review. The utilization review denied the request on 11/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op medication (none stated):** 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 Page(s): 8.

**Decision rationale:** The MTUS guidelines on page 8 states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. None of the reports specify which medication the treater is prescribing. While post-operative medication certainly may be supported by the guidelines following surgery, the treater does not specify which medication, the dosage, and quantity. The request is not medically necessary.