

Case Number:	CM14-0044179		
Date Assigned:	07/18/2014	Date of Injury:	03/14/2012
Decision Date:	03/26/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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: Texas, Ohio, 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:

The applicant is a represented 32-year-old [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 14, 2012. In a Utilization Report Review dated March 7, 2014, the claims administrator failed to approve a request for physical therapy for the knee, work hardening for the knee, Motrin, and Voltaren gel while partially approving a request for Norco. The claims administrator referenced a February 4, 2014 progress note and a February 20, 2014 RFA form in its determination. The applicant had undergone a left knee ACL reconstruction surgery on August 30, 2013, it was further acknowledged. The claims administrator stated that the applicant had had 32 sessions of physical therapy through February 4, 2014. A February 21, 2014 progress note was also incidentally referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 20, 2014 in one section of the note and stamped as received on March 4, 2014, twelve sessions of physical therapy and twelve sessions of work hardening were endorsed. In an associated work status report dated February 21, 2014, the applicant was placed off of work, on total temporary disability. Norco was renewed. In a progress note dated February 25, 2014, the applicant was placed off of work, on total temporary disability. The applicant had apparently had a setback. Work hardening was endorsed to facilitate the applicant's return to regular duty work. The attending provider stated that the applicant had arduous job demands and was unable to return to work at the current time. Motrin, Voltaren gel, and Norco were endorsed while the applicant was kept off of work, on total temporary disability. The attending provider did not clearly state whether the medications were

a first-time request or a renewal request. No discussion of medication efficacy transpired. In an internal documentation of the claims administrator dated September 13, 2013, it was stated that the applicant was a [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear).

Decision rationale: 1. No, the request for 12 sessions of physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier ACL reconstruction surgery on August 30, 2013, as of the date (dates) additional physical therapy was endorsed, February 25, 2014 and February 28, 2014. The applicant had already had prior treatment (33 sessions), seemingly in excess of the 24-session course recommended in MTUS 9792.24.3 following earlier ACL reconstruction surgery. This recommendation is further qualified by commentary made in MTUS 9792.24.3.c.4.b to the effect that postsurgical physical medicine treatment shall be discontinued at any point during the postsurgical physical medicine treatment period in applicants who fail to demonstrate functional improvement with treatment. Here, the applicant was off of work, on total temporary disability, as of the date additional physical therapy was sought. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, in short, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy already in excess of the MTUS parameters. No clear or compelling rationale for further treatment was furnished by the attending provider. It was not clearly stated or established how (or if) the applicant could profit through further treatment. Therefore, the request was not medically necessary.

Work hardening 2x6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: 2. Similarly, the request for 12 sessions of work hardening for the knee was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work hardening is evidence that a clearly defined return-to-work goal has been agreed upon

by the applicant and employer. Here, there was no mention of the applicant's having a job to return to. There was no mention of the applicant's employer's willingness to take the applicant back to work. There was likewise no clear or compelling evidence that the applicant had job demands which exceeded current abilities. It was not clearly stated or clearly established why the applicant could not attempt to return to work on a trial basis. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that another criteria for pursuit of a work hardening program is evidence that an applicant has plateaued following conventional physical therapy. Here, however, the attending provider's concurrent request for conventional physical therapy and work hardening implies that the applicant has not, in fact, plateaued with earlier conventional physical therapy/occupational therapy. Therefore, the request for work hardening was not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 3. Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, as of the February 25, 2014 progress note on which Norco was seemingly renewed. The attending provider, on that date, failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil [otc], generic available): Page(s): Chronic Pain Medical Treatment Guid.

Decision rationale: 4. Similarly, the request for ibuprofen was likewise not medically necessary, medically appropriate, or indicated here. While page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that ibuprofen is endorsed in the treatment of osteoarthritis and, by implication, the knee arthritis seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of ibuprofen. Ongoing usage of

ibuprofen failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing ibuprofen usage (if any). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC) Pain Procedure Summary last updated 01/07/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 5. Finally, the request for Voltaren gel, a topical NSAID, was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren is indicated in the treatment of small joint arthritis such as the knee arthritis seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the February 25, 2014 progress note made no mention or references to the medication efficacy. The applicant was placed off of work, on that date. The applicant was still dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren gel. Therefore, the request was not medically necessary.