

Case Number:	CM15-0009009		
Date Assigned:	01/27/2015	Date of Injury:	06/26/2006
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 56-year-old male who reported an injury on 03/21/2005 due to an unspecified mechanism of injury. On 12/18/2014, he presented for a followup evaluation. He reported pain in the left knee rated at an 8/10 to 9/10. A physical examination of the bilateral knees showed grade 2 tenderness to palpation over the right knee that had decreased from a grade 3 and grade 4 tenderness to palpation over the left knee that had increased from a grade 3. There was restricted range of motion and McMurray's test was positive. He reported that his treatment helped and stated that physical therapy helped to decrease his pain and tenderness. He also indicated that his function and activities of daily living had improved with physical therapy. He was diagnosed with bilateral knee sprain and strain, right compensatory exacerbation, left knee chondromalacia and effusion, status post left knee surgery in 11/2006 and left ankle strain and sprain. The treatment plan was for physical therapy for the left knee and Norco 7.5/325 mg. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the California MTUS Guidelines physical therapy for myalgia and myositis unspecified is recommended for 9 to 10 visits over 8 weeks. Based on the clinical documentation submitted for review the injured worker had already been attending physical therapy for an unspecified amount of sessions. Without knowing exactly how many sessions the injured worker had attended, as well as his response in terms of a quantitative decrease in pain and an objective functional improvement with treatment, additional sessions would not be supported. In addition, while it was noted that the injured worker that the injured worker has reduced range of motion, actual range of motion scores and strength scores were not provided for review to validate that he has significant functional deficits. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 7.5/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

Decision rationale: According to the California MTUS Guidelines an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be taking Norco 7.5/325 mg at night as needed for pain. However, there is a lack of documentation showing a quantitative decrease in pain or an objective improvement in function with the use of this medication. Also, no official CURES reports were provided for review to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.