

Case Number:	CM15-0130929		
Date Assigned:	07/17/2015	Date of Injury:	07/10/1972
Decision Date:	09/09/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 68 year old male, who sustained an industrial injury on 7/10/72. The mechanism of injury is not noted. The injured worker was diagnosed as having arthritis of knee, scoliosis, foot drop and therapeutic drug monitoring. Treatment to date has included left total knee arthroplasty, physical therapy, and home exercise program, oral medications including Norco and activity restrictions. Currently on 6/17/15, the injured worker complains of pain in left knee 5 months post-op left total knee arthroplasty. He describes the pain as an ache and also sharp. It is noted he utilizes the Norco for relief of pain experienced with physical therapy and home exercise program. Work status is not noted. Objective findings were not noted within the documentation submitted. A request for authorization was submitted for Norco 10/325 #100 on 6/16/15 and continued physical therapy of 8 sessions on 6/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 25-26.

Decision rationale: CA MTUS recommends physical therapy post arthroplasty for 24 visits over 10 weeks. "The postsurgical physical medicine treatment period is 4 months." The injured worker is 5 months post-surgery. Documentation on 6/17/15 noted he had 75 degrees of flexion on March 10, 2015 and 180 degrees of flexion on 6/16/15. Notation is not made of physical therapy visits complete to date. Given the improvement in flexion and the fact he is greater than 4 months post-operative; the 8 further sessions of physical therapy are not medical necessary.

100 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit, relief from pain, current pain or intensity of pain. Documentation of a urine drug screen was not submitted. Work status was not documented. It is noted the injured worker is utilizing Norco for relief of pain due to physical therapy and home exercise program. He has utilized Norco for at least 3 months. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.