

<b>Case Number:</b>	CM15-0134474		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, 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 46 year old female patient who sustained an industrial injury on 07/14/2011, the injured worker was employed as an instrument technician at a healthcare facility. She did receive physical therapy session and injection treating the pain. A primary treating office visit dated 04/19/2012 reported the patient with subjective complaint of right upper extremity pain. The following diagnoses were applied: right lateral and medial epicondylitis; rule out carpal tunnel syndrome; rule out cubital tunnel syndrome. There is recommendation for the patient to undergo electric nerve conduction study. She is to continue with physical therapy, and obtain an orthopedic opinion regarding right shoulder pain. She is to return to a modified work duty. A primary follow up dated 07/01/2013 reported subjective complaint of pain is improving with chiropractic care, and the shoulder is slightly better; the knee is with a 75% reduction in pain after the injection. The following diagnoses were applied: tendinitis/bursitis; epicondylitis, elbow; rotator cuff tear, and cervical degenerative disease. A compound cream was prescribed treating the knee pain, and Tramadol was refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy times 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy times 12 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post right knee diagnostic and operative arthroscopy April 24, 2015. The date of injury is July 14, 2011. The request for authorization is June 18, 2011. The documentation indicates Tylenol #3 was prescribed on February 19, 2015 and continued through April 1, 2015. In a March 23, 2015 progress note there were no medications listed. According to the April 21, 2015 progress note, Norco and Naprosyn were prescribed. According to a June 15, 2015 progress note, the injured worker is approximately 2 months post-operative arthroscopy. The injured worker sustained and exacerbation of pain in the affected knee. There are no pain scores in the medical record. The treating provider was authorized 12 physical therapy sessions in the immediate postoperative period. There is no documentation as to the number of physical therapy sessions completed as of June 15, 2015. It does not appear the initial 12 physical therapy sessions were completed. There is no documentation demonstrating objective functional improvement with the initial 12 physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Consequently, absent clinical documentation demonstrating objective functional improvement with the initial 12 physical therapy sessions, number of physical therapy sessions completed (out of the initial 12) and compelling clinical facts indicating additional physical therapy is warranted, additional physical therapy times 12 is not medically necessary.

**Ultram 50mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic opioid analgesic Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg # 40 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended

in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is status post right knee diagnostic and operative arthroscopy April 24, 2015. The date of injury is July 14, 2011. The request for authorization is June 18, 2011. The documentation indicates Tylenol #3 was prescribed on February 19, 2015 and continued through April 1, 2015. In a March 23, 2015 progress note there were no medications listed. According to the April 21, 2015 progress note, Norco and Naprosyn were prescribed. According to a June 15, 2015 progress note, the injured worker is approximately 2 months post- operative arthroscopy. The injured worker sustained and exacerbation of pain in the affected knee. There are no pain scores in the medical record. There is no clinical discussion, indication and or rationale in the medical record for Ultram 50 mg. There are no detailed pain assessments or risk assessments and medical record. Consequently, absent clinical documentation demonstrating objective functional improvement with ongoing Tylenol #3 and a clinical indication and rationale for Ultram, Ultram 50 mg # 40 is not medically necessary.