

<b>Case Number:</b>	CM15-0146146		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Texas, New York, 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 60-year-old who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of October 16, 2013. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve requests for Motrin and physical therapy apparently ordered on or around July 7, 2015. The claims administrator contended that the attending provider failed to outline how much prior physical therapy the applicant had had and/or what the response to the same was. The claims administrator also contended that the attending provider failed to establish evidence of a substantive benefit achieved as a result of ongoing Motrin usage. The applicant's attorney subsequently appealed. On a handwritten progress note dated July 7, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg, exacerbated by walking. Ancillary complaints of knee pain with associated buckling were reported. The applicant exhibited a mild limp, the treating provider acknowledged. Physical therapy, a podiatry consultation, and a knee specialist consultation were endorsed. The applicant was given work restrictions. It was not, however, stated whether the applicant was or was not working with said limitations in place. No seeming discussion of medication efficacy transpired. In RFA forms dated May 6, 2015 and July 15, 2015, Motrin, physical therapy, podiatry consultation, orthotics, and knee MRI imaging were all endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly for 4 weeks, left ankle & 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, Ankle & Foot.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for eight sessions of physical therapy for the ankle and knee was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of physical medicine treatment for myalgias and myositis of various body parts, here, however, it was not clearly stated how much prior therapy the applicant had had. The MTUS Guideline in ACOEM Chapter 3, page 48 also stipulates that it is incumbent upon a prescribing provider to furnish a prescription for therapy which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated via the handwritten July 7, 2015 progress note at issue. It was not stated how much prior therapy the applicant had, what the response was, what the goals were, going forward, with further physical therapy. It was not stated how further physical therapy could advance the applicant's activity level. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work and functional status were not clearly articulated via the July 7, 2015 office visit at issue. It was not stated whether the applicant was or was not working with restrictions in place as of that point in time. The applicant's response to earlier therapy in terms of the functional improvement measures established in MTUS 9792.20e was not, in short, established. Therefore, the request was not medically necessary.

**Ibuprofen 400mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68,71-72.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

**Decision rationale:** Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin (ibuprofen) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the

effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the July 7, 2015 progress note at issue made no mention of whether or not ongoing usage of Motrin (ibuprofen) had or had not proven effective here. It was not stated whether the applicant was or was not working with limitations in place on that date. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e with ongoing ibuprofen usage was not established, detailed, or characterized. Therefore, the request was not medically necessary.