

Case Number:	CM15-0149723		
Date Assigned:	08/12/2015	Date of Injury:	10/13/1987
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on October 13, 1987, incurring left knee, right knee, back and neck injuries from repetitive motions with her job duties. Treatment included surgical intervention of her knees, physical therapy, and medication management. She was diagnosed with post-traumatic osteoarthritis of bilateral knees and underwent right and left total knee replacements and left and right knee arthroscopic surgeries. Currently, the injured worker complained of increased neck pain and lower back pain. She noted increased swelling of the left foot and left knee with limited range of motion. She complained of increased pain symptoms with physical activities. The treatment plan that was requested for authorization included 8 post-operative physical therapy sessions of the left knee and a prescription for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 post-op physical therapy sessions: left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1987 and continues to be treated for bilateral knee pain. A left total knee replacement was done on 04/01/15. As of 06/07/15 she had completed eight postoperative treatments with improved range of motion and decreased pain and 16 treated have been completed in total. Medications are referenced as decreasing pain from 7-8/10 to 3-4/10 and allowing for participation in therapy activities. When seen, her BMI was over 28. She was having neck, back, and bilateral knee pain. There was a well healed left knee anterior incision. There was decreased range of motion with joint line tenderness and swelling. There was a slow and antalgic gait with use of a cane. Guidelines address the role of therapy after knee arthroplasty with a postsurgical physical medicine treatment period of 6 months and up to 24 physical therapy visits over 10 weeks with a post-surgical treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits. With documentation of functional improvement, a subsequent course of therapy can be prescribed. In this case, the number of additional post-operative therapy treatments is within the guideline recommendation. The claimant has an ongoing limited ambulation tolerance of only 15 minutes and decreased left knee range of motion with tenderness and swelling. The request is appropriate and medically necessary.

90 Percocet 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for osteoarthritis; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1987 and continues to be treated for bilateral knee pain. A left total knee replacement was done on 04/01/15. As of 06/07/15 she had completed eight postoperative treatments with improved range of motion and decreased pain and 16 treated have been completed in total. Medications are referenced as decreasing pain from 7-8/10 to 3-4/10 and allowing for participation in therapy activities. When seen, her BMI was over 28. She was having neck, back, and bilateral knee pain. There was a well healed left knee anterior incision. There was decreased range of motion with joint line tenderness and swelling. There was a slow and antalgic gait with use of a cane. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance including ability to exercise which is important in terms of continued participation in physical therapy which is also being requested. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

