

Case Number:	CM15-0161151		
Date Assigned:	08/28/2015	Date of Injury:	02/10/2004
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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 58 year old female who sustained an industrial injury on 2-10-04. The injured worker was diagnosed as having post-laminectomy syndrome, chronic low back pain syndrome and left knee pain. Currently, the injured worker reported pain in the low back and left knee. Previous treatments included oral pain medication, oral nonsteroidal anti-inflammatory drugs, muscle relaxants and physical therapy. Previous diagnostic studies included radiographic studies and magnetic resonance imaging. Work status was noted as not currently working. The injured workers pain level was noted as 7 or 8 out of 10 on average and 10 out of 10 without medication. Physical examination was notable for tenderness to palpation to the lumbar paraspinal muscles with limited range of motion, tenderness to palpation to the medial aspect of the left knee joint line with swelling noted and limited range of motion. Of note, provider documentation noted the last urine drug screen was performed 1-5-15 and was noted to be consistent. The plan of care was for pool therapy for low back and left knee quantity of 8, cortisone injection for left knee and Norco 10-325 milligrams quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for low back and left knee Qty: 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guide, Knee & Leg (Acute & Chronic), Aquatic Therapy, Physical Medicine Treatment.

Decision rationale: The request is for pool therapy for low back and left knee quantity of 8. Currently, the injured worker reported pain in the low back and left knee. CA MTUS recommends aquatic therapy as an optional therapy as it can decrease the effects of gravity, specifically recommending it when weight bearing reduction is desirable noting the example of extreme obesity. Official Disability Guide states "Aquatic exercise appears to have some beneficial short-term effects for patients with hip and/or knee osteoarthritis while no long-term effects have been documented. Positive short-term effects include significantly less pain and improved physical function, strength, and quality of life." Additionally Official Disability Guide recommendations state that "As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated." Provider documentation dated 7-21-15 noted the injured worker had difficulty with land based physical exercise due to pain. Upon physical examination there was noted tenderness to palpation to the left knee joint line with swelling. As such, the request for pool therapy for low back and left knee quantity of 8 is medically necessary and appropriate.

Cortisone injection for left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 346-347 Official Disability Guidelines-Treatment in Workers' Compensation- Knee and Leg Chapter last updated 07/10/15.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guide Knee and Leg (Acute and Chronic) Chapter, Corticosteroid injections.

Decision rationale: Per guidelines, Steroid injections should not be offered as either a primary or a sole treatment modality for pain management. Injection with anesthetics and/or steroids are recommended as an adjunct with the intent to relieve pain, improve function, decrease medication use, and encourage return to work. The primary goal of this form of therapy is the short-term relief of pain in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. Per MTUS, invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, in the treatment of knee complaints, are not routinely indicated. Documentation shows the injured worker complains of persistent left knee pain with subsequent difficulty performing activities of daily living and exercises to maintain range of motion despite medication management. The recommendation for cortisone injection as an adjunct with the intent to relieve pain and improve function, is

clinically appropriate. The request for cortisone injection for left knee is medically necessary per guidelines.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back and left knee pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #120 is not medically necessary.