

<b>Case Number:</b>	CM15-0182408		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Connecticut, California, Virginia

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 injured worker is a 31 year old female, who sustained an industrial injury on 10-10-2013. She has reported injury to the neck, shoulders, back, and left knee. The injured worker has been treated for left knee internal derangement; left knee medial meniscal tear; chronic cervico-thoracic musculoligamentous strain; and chronic lumbosacral musculoligamentous strain with left lower extremity radiculitis. Treatments have included medications, diagnostics, activity modification, physical therapy, and surgical intervention. Medications have included Ibuprofen, Anaprox, Prilosec, Cyclobenzaprine, and Norco. Surgical intervention has included left knee arthroscopy, on 04-02-2015. A physical therapy progress noted, dated 07-10-2015, documented that the injured worker has improved knee mobility but continues to have swelling around the knee; she still has weak hip extensors, knee extensors, and flexors; she has proprioception deficit which has been improving; and she has limited functional ability because she also has lower back and left leg radiating pain. A progress report from the treating physician, dated 07-22-2015, documented an evaluation with the injured worker. The injured worker reported that she is doing well; she finished 6 physical therapy treatments for the knee only; and complains of low back pain with left foot tingling. Objective findings included left knee full range of motion; no effusion; scars well-healed; lumbar spine tenderness to palpation; positive toe and heel walk with pain; lumbar spine myospasms; and positive right straight leg raising test. The treatment plan has included the request for physical therapy for the left knee twice a week for three weeks. The original utilization review, dated 08-18-2015, non-certified a request for physical therapy for the left knee twice a week for three weeks.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Physical Therapy for the left knee, twice a week for three weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The MTUS addresses the use of bupropion in chronic pain listing it as a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. While Utilization Reviews non-certified this request, there is a component of depression coupled with chronic pain, and therefore the request for this medication appears reasonable. Therefore the request is considered medically appropriate.