MAXIMUS Federal Services

Case Number:	CM15-0195067		
Date Assigned:	10/08/2015	Date of Injury:	12/05/2008
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 [redacted] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of December 12, 2008. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve requests for Norco and 9 sessions of physical therapy. The claims administrator referenced an RFA form received on September 18, 2015 and an associated office visit dated September 16, 2015 in its determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant's treating therapist noted that the applicant had undergone earlier physical therapy but had not had good results of the same. The applicant had undergone a knee arthroscopic meniscectomy procedure on May 7, 2015, it was reported. The applicant was still reporting difficulty with negotiating stairs, walking, and balance, it was stated. -2 to 120 degrees of knee range of motion was noted. The applicant was able to walk for 20 minutes without any assistive device, it was reported. The note was somewhat difficult to follow as it mingled historical issues with current issues. On a medical progress note dated September 16, 2015, the applicant reported 4/10 knee pain complaints. The applicant was not able to cook, it was reported in one section of the note. The applicant's medications included Norco, it was stated. The applicant's BMI was 33, it was reported. The applicant was placed off of work, on total temporary disability, while additional physical therapy and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #60: 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, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, the treating provider reported on September 16, 2015, despite ongoing Norco usage. The applicant was having difficulty performing activities of daily living as basic as cooking and walking, the treating provider reported. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

9 sessions of physical therapy: Upheld

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

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

Decision rationale: Similarly, the request for 9 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The request for 9 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment through the date of the request, September 16, 2015, seemingly in-line with the 12-session course suggested in the MTUS Postsurgical Treatment Guidelines following earlier knee arthroscopy surgery as transpired here on May 7, 2015. The Postsurgical Treatment Guidelines in MTUS 9792.24.3.c4b further stipulates that postsurgical treatments shall be discontinued at any time in the postsurgical physical medicine period in applicants or cases where no functional improvement is demonstrated. Here, the applicant remained off of work, on total temporary disability, it was reported on September 16, 2015. The applicant remained dependent on opioid agents such as Norco some 4 months removed from the date of surgery, the treating provider reported. It did not appear that the applicant had profited from earlier therapy in terms of the functional improvement measures established in MTUS 9792.20e, nor did it appear likely that the applicant would stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.