

Case Number:	CM15-0222107		
Date Assigned:	11/17/2015	Date of Injury:	06/05/2001
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/10/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old female who sustained an industrial injury 06-05-11. A review of the medical records reveals the injured worker is undergoing treatment for patella instability right knee with probable early patellofemoral arthritis. Medical records (09-18-15) reveal the injured worker complains of right knee pin rated at 7/10. The physical exam (09-18-15) reveals popping, crepitus, and locking during range of motion. The injured worker has pain with full range of motion testing and there is obvious instability at terminal extension. The knee is subluxed with flexion at approximately 30 degrees and spontaneously snaps back into position. Prior treatment includes an unknown number of physical therapy sessions, medications, activity modifications, braces, and right knee surgery 2003. Current medications include Naproxen. The original utilization review (10-19-15) non certified the request for Tramadol 50mg #60 and 12 sessions of physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The patient presents with right knee pain. The current request is for Tramadol 50mg #60. The treating physician's report dated 09/18/2015 (72B) states, "Since the patient's last visits she reports worsened symptoms and rates her right knee pain as a 7 on a pain scale from 0-10. She is currently taking Norco and Naprosyn as needed for pain control. The patient also has complaints of swelling, popping, clicking, catching, weakness, giving way, and locking in her right knee." Patient prescribed Tramadol 50mg 1 tab po q8hr prn pain #60. No history of Tramadol use was noted in the reports. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, it appears that the physician would like to trial Tramadol to address the patient's pain. A trial of Tramadol is appropriate to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.

Physical Therapy 3x4 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with right knee pain. The current request is for Physical Therapy 3x4 right knee. The treating physician's report dated 09/18/2015 (72B) states, "Since the patient's last visits she reports worsened symptoms and rates her right knee pain as a 7 on a pain scale from 0-10. She is currently taking Norco and Naprosyn as needed for pain control. The patient also has complaints of swelling, popping, clicking, catching, weakness, giving way, and locking in her right knee." Patient prescribed Tramadol 50mg 1 tab po q8hr prn pain #60. The MTUS guidelines recommend 8-10 physical therapy sessions for myalgia and neuritis type conditions. In this case, the treating physician has requested 12 sessions, which exceeds the MTUS recommendations. There is no new surgery, new injury, new diagnosis or any rationale provided for physical therapy that would justify exceeding the MTUS guideline recommendations. The current request is not medically necessary.