

Case Number:	CM15-0040858		
Date Assigned:	03/11/2015	Date of Injury:	09/30/2010
Decision Date:	05/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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: California
 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 57-year-old male who reported a repetitive strain injury on 09/30/2010. The current diagnoses include chronic lumbar pain with radiculopathy, chronic cervical pain with radiculopathy, bilateral knee tendinosis, history of left knee ACL repair, bilateral shoulder tendinosis, bilateral wrist tendinosis, and bilateral ankle sprain. The injured worker presented on 02/06/2015 for a follow-up evaluation with complaints of neck and low back pain. The injured worker also reported associated symptoms to include the bilateral knees, wrists, shoulders and ankles. The injured worker was utilizing tramadol without any evidence of side effects. Upon examination, there was spasm and tenderness in the lumbar spine with decreased range of motion and an antalgic gait. Recommendations included continuation of tramadol and authorization for physical therapy for the bilateral ankles. A Request for Authorization form had been previously submitted on 01/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 5 Weeks Bilateral Ankles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it was noted that the injured worker had previously participated in a course of physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. The total number of sessions completed to date is unknown. There is also no documentation of a recent physical examination of the bilateral ankles. Given the above, the request is not medically necessary.

Tramadol 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. There is no evidence of a written consent or agreement for chronic use of an opioid. Given the above, the request is not medically necessary.