

Case Number:	CM15-0047726		
Date Assigned:	03/19/2015	Date of Injury:	10/02/2008
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/13/2015

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 60-year-old male, who sustained an industrial injury on 10/02/2008. He reported a right knee injury. The injured worker is currently diagnosed as having osteoarthritis and knee pain. Treatment to date has included right knee arthroplasty, physical therapy, home exercise program, and medications. In a progress note dated 02/11/2015, the injured worker presented with complaints of soreness with dull aching in the right knee. The treating physician reported requesting authorization for a physical therapy program to improve joint mobilization and soft tissue mobilization to improve range of motion for the right knee and was given a prescription for Norco to help give pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (Right knee) Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Post-surgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The 60-year-old patient complains of dull, aching pain in the right knee, rated at 4/10, as per progress report dated 02/11/15. The request is for physical therapy (right knee), QTY: 12.00. The RFA for the case is dated 03/03/15, and the patient's date of injury is 10/02/08. The patient has been diagnosed with right knee osteoarthritis, as per progress report dated 09/15/14. Medications included Norco, Voltaren gel, Omeprazole and Tizanidine. The patient is status post right total knee arthroplasty on 09/25/14. The patient has been allowed to return to full duty, as per progress report dated 02/11/15. MTUS post surgical guidelines, pages 24-25, recommend 24 visits over a span of 10 weeks. The post surgical time frame is 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. In this case, the patient is status post right total knee arthroplasty on 09/25/14, and is not within the post-operative time frame of four months. The treating physician is requesting for 12 sessions of PT to "improve joint mobilization and soft tissue mobilization to improve range of motion of the right knee," as per progress report dated 02/11/15. There is no documentation of prior therapy and its impact on pain and function. Additionally, MTUS only recommends only 8-10 sessions of PT in non-operative cases, and the current request for 12 sessions exceeds that recommendation. Hence, the request is not medically necessary.

Norco 10/325mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-90.

Decision rationale: The 60-year-old patient complains of dull, aching pain in the right knee, rated at 4/10, as per progress report dated 02/11/15. The request is for Norco 10/325 mg QTY: 60.00. The RFA for the case is dated 03/03/15, and the patient's date of injury is 10/02/08. The patient has been diagnosed with right knee osteoarthritis, as per progress report dated 09/15/14. Medications included Norco, Voltaren gel, Omeprazole and Tizanidine. The patient is status post right total knee arthroplasty on 09/25/14. The patient has been allowed to return to full duty, as per progress report dated 02/11/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Hydrocodone or Norco is first noted in progress report dated 01/08/14, and the patient has been taking the medication consistently at least since then. The treating physician, however, does not document a reduction in pain in terms of change in pain scale due to Norco use. No validated scale has been used to demonstrate a measurable increase in function. Although the physician requests for an UDS in progress report dated 02/11/15, none of the prior UDS reports have been provided for review. There is no discussion regarding the side effects of

the opioids and the CURES reports as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for opioid use. Hence, this request is not medically necessary.