

Case Number:	CM15-0054967		
Date Assigned:	03/30/2015	Date of Injury:	12/16/2012
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/23/2015

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 53-year-old female, who sustained a work/ industrial injury on 12/16/12. She has reported initial symptoms of left knee pain. The injured worker was diagnosed as having pain in joint, lower leg. Treatments to date included medication, knee injections, physical therapy, injection, surgery (left knee on 5/2013), and exercises. Magnetic Resonance Imaging (MRI) was performed on 2/6/13 and 6/24/14. Currently, the injured worker complains of chronic left knee pain rated 2-3/10. The treating physician's report (PR-2) from 2/11/15 indicated injection to left knee was helpful. Current Magnetic Resonance Imaging (MRI) notes a 3cm X 4 cm cyst. A sample of a compound cream was dispensed for topical use for pain. Treatment plan included Tramadol and Chiropractic-physiotherapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 93 - 94, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The records indicate the patient has mild ongoing left knee pain rated 2-3/10. The current request is for Tramadol 37.5/325mg, sixty count. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is no supporting documentation demonstrating analgesic benefit (VAS scores) with the use of Tramadol, and there is no documentation of improved functional benefit or vocational benefit with ongoing use. There is no mention of urine drug screen, adverse side effects or aberrant drug behaviors. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial as the treatment is not medically necessary.

Chiropractic-physiotherapy for the left knee, once to three times weekly for three weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58 - 60 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual
Therapy and Manipulation Page(s): 58-60.

Decision rationale: The records indicate the patient has mild ongoing left knee pain rated 2-3/10. The current request is for Chiropractic-physiotherapy for the left knee, once to three times weekly for three weeks. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, the MTUS guidelines clearly state that a trial of six visits to determine evidence of objective functional benefit, before allowing additional treatment sessions. The current request exceeds the six-visit trial period. As such, recommendation is for denial as the treatment is not medically necessary.