

Case Number:	CM15-0061007		
Date Assigned:	04/21/2015	Date of Injury:	12/16/2009
Decision Date:	07/02/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/31/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 55 year old, female who sustained a work related injury on 12/16/09. She tripped and fell, hitting her forehead and hyper extending her knee. The diagnoses has included cervical radiculopathy, cervical disc protrusion, cervical spondylosis and bilateral knee pain, left greater than right and degenerative joint disease in knees. Treatments have included x-rays, CT scans, MRIs, electrodiagnostic studies, cervical epidural steroid injections without benefit, medications, and home exercises. In the Physical Medicine and Rehabilitation/Pain Management Consultation dated 3/3/15, the injured worker complains of worsening, severe cervical spine neck pain. She rates this pain an 8-9/10. She has pain that radiates down left arm to hand. She has burning and numbness in left hand. She feels left arm is weak. She complains of pain in left knee. She rates this pain an 8-9/10. She gets "crunching" when she bends it or walks. The treatment plan is a referral to an orthopedic specialist, for medications, an authorization for a psychiatrist consultation and a one-time physical therapist evaluation for durable medical equipment use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treatment with Orthopedist for both knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

Decision rationale: This injured worker has a history of chronic pain since 2009 and knee injury. There are no red flag symptoms or signs which would be indications for immediate referral. Continued modalities of conservative therapy could be trialed prior to referral to a surgeon. The medical records do not support the medical necessity of an orthopedic consultation and treatment of both knees.

Consult and treatment with Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 40-41, 88.

Decision rationale: This injured worker has chronic pain after an injury sustained in 2009. Psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The physician suggests that the worker has a prior history of depression. The records do not document that the physician explored these symptoms or severity of these symptoms in any detail with the worker or provided any cognitive or psychiatric evaluation to justify the potential diagnoses. The primary care physician can treat the symptoms first prior to referral to a psychiatrist. The records do not justify the medical necessity for a consult and treatment with a psychiatrist.

One time consult with Physical Therapy to evaluate for DME including single point cane or front-wheeled: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cane or crutch Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99. Decision based on Non-MTUS Citation Uptodate: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, home exercises are already in place and the notes do not medically justify the need for an assistive device for mobility. A cane is typically used to minimize the weight over a joint to reduce pain or to help with balance with leg weakness. Canes help most when the gait issue is one sided or mild. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to gait or function. The records do not support the medical necessity for a one time consult with Physical Therapy to evaluate for DME including single point cane or front-wheeled in this individual with chronic pain.

Tramadol HCL 50 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) oral analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 84-94.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.

Zoloft 50 mg (strength and quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressant Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 107.

Decision rationale: Per the guidelines, SSRIs are not recommended as a treatment for chronic pain, but they may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. SSRIs have not been shown to be effective for low back pain. It is not clear why sertraline was prescribed and the records do not document efficacy or side effects. The medical necessity of sertraline is not substantiated in the records.