

Case Number:	CM14-0112485		
Date Assigned:	08/01/2014	Date of Injury:	01/11/2013
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female, who reported an injury on 01/11/2013. The mechanism of injury involved a fall. Current diagnoses include cervical spine facet hypertrophy and foraminal stenosis, lumbar spine herniated nucleus pulposus, left knee patellar bone fracture, rule out right shoulder tendon tear, and bilateral shoulder tendinitis. Previous conservative treatment is noted to include medication management, aquatic therapy, and immobilization. The injured worker was evaluated on 06/11/2014 with complaints of persistent pain in the cervical spine, bilateral shoulders, lumbar spine, and left knee. The current medication regimen includes tramadol 50 mg, naproxen sodium 550 mg, and gabapentin 300 mg. Physical examination on that date revealed stiffness of the facet joints in the cervical spine, decreased lateral flexion, tenderness to palpation over the AC joint and subacromial region of the right shoulder, tenderness to palpation over the left shoulder with limited range of motion, and stiffness in the lumbar spine with limited range of motion. The injured worker is noted to have undergone an MRI of the cervical spine and right foot on 02/03/2014. Treatment recommendations included continuation of the current medication regimen and aquatic therapy twice per week for 4 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 2 x 4 for the neck, low back, and knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 22..

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. There is no documentation of objective functional improvement following the previous course of aquatic therapy. There is also no indication that this injured worker requires reduced weightbearing as opposed to land based physical therapy. As such, the request for Aquatic therapy, 2 x 4 for the neck, low back, and knee is not medically appropriate.

Tramadol 50 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids specific drug list, Tramadol.

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request for Tramadol 50 mg, #60 is not medically appropriate.