

Case Number:	CM14-0125529		
Date Assigned:	08/13/2014	Date of Injury:	02/07/2007
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 57 year old female who was injured on 02/07/2007. The mechanism of injury is unknown. Prior treatment history has included 21 sessions of physical therapy. The patient underwent revision right knee total arthroplasty on 01/17/2014. Progress report dated 03/28/2014 states the patient presented aching pain in her right knee. She rated her pain as 9/10 and it is aggravated by standing, walking, driving, and sitting. It is alleviated by medication and lying down. On exam, the right knee revealed some swelling and tenderness. Range of motion is from 0-110 degrees. Impression is right knee pain, failed unicompartmental arthroplasty of the right knee, and osteoarthritis of the right knee. She has been recommended for physical therapy and Percocet 10/325. Prior utilization review dated 08/04/2014 states the requests for Physical Therapy/Water Therapy and Percocet 0/325mg are not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy/Water Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy & Physical Medicine Page(s): 98-99 22.

Decision rationale: The California MTUS guideline support aquatic therapy for individuals who have medical issues that limit their ability to perform weight bearing exercise and for cases of extreme obesity. The supporting documentation does not indicate the patient has morbid obesity or other limiting factors preventing her from performing land-based therapy/exercise. The request is not medically necessary at this time.

Percocet 0/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard care for treatment of moderate to severe pain for a short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is a lack of supporting documentation showing any sustainable improvement in pain and long term use of Percocet is not recommended by the guidelines. There was also no quantity given with the request therefore, it is not medically necessary at this time.