

Case Number:	CM14-0082437		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2009
Decision Date:	08/27/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old male who sustained an industrial injury on 01/05/2009 when coming down a ladder he misjudged a step and fell. The injured worker was diagnosed with right knee internal derangement. Aside from medications and surgical intervention no further treatments were documented. The injured worker underwent right knee arthroscopy (no date or procedure documented). According to the primary treating physician's progress report on May 5, 2014, the injured worker presents for follow-up. The injured worker reports the Norco is effective and decreases his pain to 1-2/10 within a half hour and allows for 5-6 hours of relief. Examination of the right knee demonstrated a slight right knee extensor lag with flexion at approximately 110 degrees. Tenderness to palpation was greater on the medial aspect than on the lateral area. There was no evidence of ligamentous laxity. Current medications are listed as Norco 10/325mg, Relafen, Neurontin, Biofreeze topical, Cymbalta and Docuprene. Treatment plan consists of continuing with medication regimen and the current request for Cymbalta 60mg with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #60 Refills: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Cymbalta Prescribing Information, Professional Monograph (FDA) Discontinuing Cymbalta.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 23.

Decision rationale: The claimant sustained a work injury in August 2011 and underwent a right hip arthroscopic labral repair on 06/17/14 and trochanteric bursa injection. When seen, she had improved range of motion. There was severe trochanteric bursa tenderness. Labral stress testing was slightly positive. Additional physical therapy was requested. As of 03/26/15, prior to being seen, she had already completed 10 treatment sessions. Guidelines recommend up to 18 therapy sessions over a 12-week period of time following the surgery that was performed. In this case, the total number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore the requested therapy was not medically necessary.