

Case Number:	CM15-0121346		
Date Assigned:	07/08/2015	Date of Injury:	04/09/2001
Decision Date:	09/03/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43-year-old, female who sustained a work related injury on 4/9/01. The diagnoses have included chondromalacia of both knees and medial meniscus tear left knee. Treatments have included knee joint lubricant injections, home exercises, physical therapy and medications. In the office note dated 5/14/15, the injured worker complains of sudden left knee pain and swelling that happened 2 days ago. She has trouble sleeping and she wakes up in pain. On physical examination, right knee has mild swelling distally in the anterior knee. She has popping with movement in left knee. She has tenderness in the patellar facets and along lateral left knee. She was advised to take the Ultram pain medication at bedtime. She is on modified work duty. The treatment plan includes orders for physical therapy-pool therapy and a refill of Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool physical therapy Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Per CA MTUS guidelines, aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable." "Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." "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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." There are no documented results from previous physical therapy treatments. There is no documentation from the provider on why the preference of pool therapy over routine physical therapy. For these reasons, the requested treatment of pool therapy is not medically necessary.

Ultram ER 200 MG Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram, Opioids Page(s): 123, 83-94.

Decision rationale: Per CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. A review of the injured workers medial records reveal documentation of moderate pain that interferes with sleep and a trial of Ultram was being initiated, based on the injured workers clinical presentation the request for Ultram ER appears appropriate, therefore the request for Ultram ER 200 MG Qty 30 is medically necessary.