

Case Number:	CM15-0171234		
Date Assigned:	09/11/2015	Date of Injury:	07/09/2010
Decision Date:	10/19/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 9, 2010. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for six sessions of manipulative therapy and Motrin 600 mg. The claims administrator referenced an August 4, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported multifocal complaints of bilateral knee, bilateral hand, and bilateral wrist pain. The applicant developed Motrin-induced gastritis and was using Aciphex to ameliorate the same, it was reported. The applicant was using glucosamine-chondroitin and a topical agent. The attending provider contented that the applicant's medications were ameliorating the applicant's ability to perform swimming, yoga, bicycling, standing, and walking. The applicant was asked to continue using Motrin 600 mg and was asked to alternate ibuprofen 600 mg and topical diclofenac for ongoing issues with knee arthritis. The applicant was returned to regular duty work. On June 2, 2015, the attending provider again maintained that ongoing ibuprofen was proving beneficial as were topical diclofenac, glucosamine-chondroitin, and Aciphex. The patient was returned to regular duty work. Manipulative therapy was seemingly sought for the knee via a handwritten RFA form dated August 4, 2015. The note was difficult to follow and not entirely legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1-2 times a week for total of 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: No, the request for six sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators were the bilateral knees, i.e, body parts for which manipulative therapy is deemed "not recommended," per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ancillary pain generators, per a progress note dated August 4, 2015, were the bilateral hands and wrists, also body parts for which manipulative therapy is deemed "not recommended," per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's handwritten August 4, 2015 RFA form failed to incorporate a clear or compelling rationale for pursuit of manipulative therapy for body parts for which it is not recommended per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Motrin 600 mg #60 with 6 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: Conversely, the request for Motrin (ibuprofen), an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, ibuprofen (Motrin) is indicated in the treatment of arthritis, as was present in the form of the applicant's bilateral knee arthritis. The attending provider contended on August 4, 2015 that the applicant's ability to work, walk, exercise, perform yoga and swimming had all been ameliorated as a result of ongoing ibuprofen usage and reiterated, in several sections of the note, that the ongoing usage of Motrin had generated appropriate analgesia and had facilitated the applicant's remaining in regular duty work. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.