

Case Number:	CM15-0173913		
Date Assigned:	09/15/2015	Date of Injury:	12/09/2014
Decision Date:	10/22/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/03/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27 year old male who sustained an industrial injury on 12-9-14. He had complaints of left leg pain. Diagnoses include: closed fracture right distal tibia and fracture of fibula, right knee patellar tendinosis, prepatellar cystic mass painful and status post right tibia fracture with subsequent open reduction and internal fixation surgery resulting in ankle swelling and decreased range of motion. Treatments include: medication, physical therapy and surgery. Progress report dated 6-18-15 reports continued complaints of right knee and right ankle pain. The right knee pain is rated 6 out of 10 and the left knee pain is rated 7-8 out of 10. Plan of care includes: physical therapy for the right lower extremity 2 times per week for 6 weeks, prescribed Ultram 50 mg, referred to education web classes and referred for MRI of the right knee. Work status: remain temporarily totally disabled from 6-18-15 until 7-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, and Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The patient presents with continued complaints of right knee and right ankle pain. The current request is for 12 sessions of physical therapy. The treating physician states, in a report dated 06/18/15, "The patient is prescribed physical therapy for the right lower extremity, 2 times a week for 6 weeks. He has completed 7 sessions of physical therapy." (158C) MTUS supports post-surgical physical medicine (physical therapy and occupational therapy) 30 visits over 12 weeks within a six-month period. The patient is status post right tibia fracture, 01/05/15, and is within the postsurgical treatment period as established by the MTUS-PSTG. The medical reports provided show the patient received 7 post-op physical therapy sessions for the tibia fracture previously. In this case, the current request of 12 visits is within the recommended guidelines as outlined by the MTUS-PSTG. The current request is medically necessary.

Ultram 50mg #60: Upheld

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): Opioids, criteria for use.

Decision rationale: The patient presents with continued complaints of right knee and right ankle pain. The current request is for Ultram 50mg #60. The treating physician states, in a report dated 06/08/15, "He is also prescribed Ultram (Tramadol) 50 mg #60 to take 1 tablet by mouth twice a day as needed." (158C) MTUS pages 88 and 89 state "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). No adverse effects or adverse behavior were documented by the treating physician. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed, the patient's pain level has not been assessed at each visit, and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Ultram. The current request is not medically necessary.

1 MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, MRI's (magnetic resonance imaging).

Decision rationale: The patient presents with continued complaints of right knee and right ankle pain. The current request is for 1 MRI of the right knee. The treating physician states, in a report dated 06/08/15, "He is also referred for MRI of the right knee." (158C) The MTUS guidelines are silent on the issue of MRIs. ODG guidelines state, "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." In this case, the treating physician has documented that the patient sustained a tib/fib fracture that required surgery and has had continued knee pain despite pain management and physical therapy. There is no documentation that a prior MRI of the right knee has been performed. The current request is medically necessary.