

<b>Case Number:</b>	CM15-0047925		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/15/2001
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 58 year old female patient, who sustained an industrial injury on 11/15/2001. A primary treating office visit dated 02/11/2015, reported subjective complaint of bilateral knee pain. She continues to experience aching pain in the bilateral knees with swelling, weakness and low back pains that radiate down the back of the left leg. She has been treating her low back with chiropractic treatment which she is self-paying. She reports not having any radiography study of the back. She is currently scheduled for a right knee replacement on 05/06/2015. She wishes to have her left knee evaluated. Of note, the left knee has been denied in the past as not accepted body part. The patient takes Tramadol and Naproxen with good benefit. She is covered with Omeprazole for gastric concerns. The pain is rated a 7 out of 10 without medications and a 5 out of 10 with use of analgesics. Physical examination found right knee with tenderness at the joint, severe crepitus with flexion and extension. The left knee there is some mild swelling, and joint line tenderness; also significant crepitus. Sensation showed decreased in the left posterior leg. Lumbar spine showed tenderness in the paraspinal muscles more on the left. Lumbar range of motion is decreased in flexion causing pain. Her gait is significantly antalgic. The impression noted: degenerative joint disease bilateral knees, bilateral knee pain, osteoarthritis of bilateral knees, patellofemoral pain syndrome, bilateral trochanteric bursitis, left greater and low back pain. Recommending radiographic study of left knee, follow up with orthopedist, and chiropractic therapy treating the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy (low back) 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The patient is a 58 year old female with an injury on 11/15/2001. She has knee pain and back pain. She is scheduled for a right knee replacement on 05/06/2015. She has lumbar paraspinal muscle tenderness and decreased lumbar range of motion. MTUS guidelines recommend a trial of not more than 6 chiropractic visits. There must be objective documentation of benefit prior to scheduling any further manipulation. The requested 8 visits are not medically necessary.

**Tramadol ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 58 year old female with an injury on 11/15/2001. She has knee pain and back pain. She is scheduled for a right knee replacement on 05/06/2015. She has lumbar paraspinal muscle tenderness and decreased lumbar range of motion. MTUS guidelines require documentation of improved functionality with respect to ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior for long term opiate treatment. The documentation provided for review does not meet these criteria. Tramadol is addicting and is not medically necessary.

**Naproxen Sodium 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

**Decision rationale:** The patient is a 58 year old female with an injury on 11/15/2001. She has knee pain and back pain. She is scheduled for a right knee replacement on 05/06/2015. She has lumbar paraspinal muscle tenderness and decreased lumbar range of motion. Long term treatment with NSAIDS is not a MTUS guideline recommended treatment. NSAIDS have

potential adverse GI, cardiovascular, renal and liver effects and decrease soft tissue healing.  
Naproxen is not medically necessary for this patient.