

Case Number:	CM15-0061453		
Date Assigned:	04/07/2015	Date of Injury:	05/30/2010
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 45 year old male, who sustained an industrial injury on 5/30/2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include left knee degenerative joint disease and internal derangement, status post second left knee arthroplasty on 11/4/14. Treatments to date include medication therapy and physical therapy. Currently, he complained severe pain in left knee. On 2/16/15, the physical examination documented left knee range of motion -2 degree extension and 120-degree flexion with benefit noted from physical therapy. The plan of care included physical therapy for the left knee and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 (left knee): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This 45 year old male has complained of left knee pain since date of injury 5/30/10. He has been treated with left knee surgery, physical therapy and medications. The current request is for physical therapy 3 x 4 left knee. Per the MTUS guidelines cited above, 24 sessions of postoperative physical therapy over the course of 10 weeks are authorized for postoperative rehabilitation. The patient has been authorized 18 sessions of postoperative physical therapy. The request for an additional 12 sessions exceeds the recommended guidelines. On the basis of the available medical records and per the MTUS guidelines cited above, physical therapy 3 x 4 (left knee) is not indicated as medically necessary.

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 45 year old male has complained of left knee pain since date of injury 5/30/10. He has been treated with left knee surgery, physical therapy and medications to include opioids since at least 11/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.