

Case Number:	CM15-0070452		
Date Assigned:	04/17/2015	Date of Injury:	09/28/1986
Decision Date:	05/18/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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: California

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 47 year old male, who sustained an industrial injury on 9/28/1986. He reported pain, stiffness, and locking of the right knee status post right total knee replacement. Diagnoses include right knee severe arthrofibrosis with severe pain, status post revision joint replacement, loose or infected. Treatments to date include activity modification, physical therapy, medication therapy, and post-operative physical therapy. Currently, he is status post right total knee revision on 1/5/15 with a post-op MRSA that has now resolved. He reported the knee was sore and painful but improving with medication and physical therapy. On 3/20/15, the physical examination documented well healed surgical incision, knee range of flex/ext 110/10 degrees, negative orthopedic testing, 5/5 motor strength, and moderate limp. X-rays noted no evidence of migration or loosening with good patella tracking. The plan of care included additional physical therapy sessions and continuation of Percocet as previously ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen physical therapy sessions for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Knee, pages 14-15; (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks Postsurgical physical medicine treatment period: 4 months.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support for an additional 16 sessions of physical therapy visits. The patient's revision surgery is now over 4 months without documented functional limitations or new complications. Further consideration of therapy is reasonable with documented functional benefit; however, the patient's status appears to have plateaued without further functional benefit. The Sixteen physical therapy sessions for the right knee is not medically necessary and appropriate.

90 tablets of Percocet 10/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 90 tablets of Percocet 10/325 mg is not medically necessary and appropriate.