

Case Number:	CM15-0072865		
Date Assigned:	04/23/2015	Date of Injury:	03/28/2012
Decision Date:	06/10/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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: Family Practice

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 63 year old female, who sustained an industrial injury on 3/28/12. The injured worker was diagnosed as having undifferentiated spondylopathy, possible left SI joint erosive disease, failed right knee replacement, end-stage destructive right hip degenerative joint disease, lumbar spondylosis, cervical spondylosis and fibromyalgia. Treatment to date has included right knee replacement, physical therapy, chiropractic treatment, oral medications including opioids, epidural injections, psychiatric treatment and home exercise program. Currently, the injured worker complains of persistent severe right hip and right knee pain. The injured worker noted Opana ER is helpful and allows her to ambulate short distances. Physical exam noted bilateral shoulder tenderness with mild decreased range of motion in bilateral shoulder and positive impingement sign bilaterally; diffuse tenderness of lumbar spine extending into both buttocks, both facet joints and spinous process are tender to palpation with decreased range of motion and right knee has marked pes planus deformity and severe diffuse right knee joint tenderness with limited range of motion. The treatment plan included awaiting authorization for aquatic therapy; consult with hip and knee replacement specialist, laboratory studies, continuation of oral medications and continuation of psychiatric care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 53.

Decision rationale: According to guidelines it states aquatic therapy is an option when land therapy is not recommended. There is no indication based on the patient's medical records that any home exercise program has started or helped and furthermore the patient has had physical therapy done with no mention of improvement. Therefore, the request for Aquatic Therapy, 12 sessions is not medically necessary.

Baseline labs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screen Page(s): 43.

Decision rationale: Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records, there is no documentation of any of the above and previous drug screens were positive therefore not medically necessary. There is no other mention of what baseline labs are needed. This request is not medically necessary.

Opana ER (extended release) 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with opioid usage and thus is not medically necessary.