

Case Number:	CM15-0077912		
Date Assigned:	06/03/2015	Date of Injury:	04/16/2014
Decision Date:	07/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 40 year old male, who sustained an industrial/work injury on 4/16/14. He reported initial complaints of left knee pain. The injured worker was diagnosed as having left knee strain/sprain, left knee contusion, left knee meniscal tear, and left knee tendinosis. Treatment to date has included medication, diagnostics, and physical therapy sessions (12). MRI results were reported on 9/23/14 of the left knee noted a meniscal tear. Currently, the injured worker complains of left knee pain rated 8/10. Per the primary physician's progress report (PR-2) on 4/2/15, examination revealed grade II tenderness to palpation, remaining the same since last visit, restricted range of motion, neuro exam was negative. The requested treatments include Physical therapy sessions, 1 Urine toxicology test, and Norco 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines Official Disability Guidelines -Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left knee sprain strain; left knee contusion; left me meniscal tear; and left knee tendinosis. January 22, 2015 progress note shows the treating provider prescribed Tramadol and Norco. There was no evidence of objective functional improvement with ongoing Tramadol and Norco. The VAS pain score was 8/10. February 26, 2014 progress note, the treating provider requested physical therapy two times per week times six weeks. Reportedly, according to the January 22, 2015 progress note, the requesting physician ordered one physical therapy session time six weeks. There is no documentation containing physical therapy progress notes. There is no documentation of objective functional improvement. There were no compelling clinical facts indicating additional physical therapy over and above the recommended guidelines as clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy over and above the recommended guidelines is clinically warranted, 12 physical therapy sessions are not medically necessary.

1 Urine toxicology test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one urine toxicology testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are left knee sprain strain; left knee contusion; left me meniscal tear; and left knee tendinosis. January 22, 2015 progress note shows the treating

provider prescribed tramadol and Norco. There was no evidence of objective functional improvement with ongoing Tramadol and Norco. The VAS pain score was 8/10. February 26, 2014 progress note, the treating provider requested physical therapy two times per week times six weeks. The VAS pain score was 8/10 on January 22, 2015. On February 26, 2014, the pain score remained 8/10 and there was no evidence of objective functional improvement. The documentation does not contain evidence of aberrant drug-related behavior, drug misuse or abuse. There was no risk assessment medical record. There were no detailed pain assessments in the medical record. Consequently, absent clinical documentation of aberrant drug-related behavior, drug misuse or abuse, risk assessments and detailed pain assessments, one urine toxicology testing is not medically necessary.

60 Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left knee sprain strain; left knee contusion; left me meniscal tear; and left knee tendinosis. January 22, 2015 progress note shows the treating provider prescribed Tramadol and Norco. There was no evidence of objective functional improvement with ongoing Tramadol and Norco. The VAS pain score was 8/10. February 26, 2014 progress note, the treating provider requested physical therapy two times per week times six weeks. The VAS pain score was 8/10 on January 22, 2015. On February 26, 2014, the pain score remained 8/10 and there was no evidence of objective functional improvement. There was no risk assessment in the medical record. There were no detailed pain assessments in the medical record. There was no attempt at weaning Norco in the medical record. Consequently, absent clinical documentation with objective functional improvement to support ongoing Norco 10/325 mg, risk assessments, detailed pain assessments and attempted weaning, Norco 5/325mg # 90 is not medically necessary.