

Case Number:	CM15-0091361		
Date Assigned:	05/15/2015	Date of Injury:	04/03/2003
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on April 3, 2003. She reported twisted her left knee. The injured worker was diagnosed as having status post left ACL repair in December 2012, chronic left knee pain, knee surgery history x2, and paresthesias. Treatment to date has included bracing, MRI, left ACL repair, home exercise program (HEP), physical therapy, and medication. Currently, the injured worker complains of left knee pain. The Treating Physician's report dated April 7, 2015, noted a MRI showed a previous ACL repair. The injured worker's current medications was listed as Vicodin and pain creams. Physical examination was noted to show minimal tenderness to the left medial knee in the joint line. The treatment plan was noted to include renewed pain creams, ibuprofen-based cream, and adding back the cyclobenzaprine cream was considered, review of the home exercise program (HEP), and request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee (6 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017, Chronic Pain Treatment Guidelines Physical Medicine

Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic left knee pain. She underwent a left ACL repair in December 2012. When seen, a red cream and blue cream were providing pain relief. Pain was rated at 6-7/10. There was minimal medial joint line tenderness. Medications include Vicodin at a total MED (morphine equivalent dose) of 10 mg per day. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore can be considered medically necessary.

Vicodin 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic left knee pain. She underwent a left ACL repair in December 2012. When seen, a red cream and blue cream were providing pain relief. Pain was rated at 6-7/10. There was minimal medial joint line tenderness. Medications include Vicodin at a total MED (morphine equivalent dose) of 10 mg per day. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Vicodin was not medically necessary.