

Case Number:	CM15-0092532		
Date Assigned:	05/18/2015	Date of Injury:	05/24/2011
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 53 year old female, who sustained an industrial injury on 05/24/2011 when she tripped and fell onto her knees, elbows and left hand. Treatment to date has included x-rays of the left wrist, right elbow and left and right knee, MRI of the right and left elbow, left knee and right knee, electrodiagnostic testing, right ulnar nerve decompression and right lateral elbow release and physical therapy for her back and knees. According to a report from an office visit on 04/29/2015, the injured worker had left greater than right knee pain with chondromalacia, right greater than left elbow pain and left sciatica pain. Right elbow pain was described as achy with poor hand strength. It was painful to grab with her hand. Pain was constant and more on the medial aspect. She had arthritis and chondromalacia of the left knee. There was tightness and pain with climbing stairs. She could not squat. Pain was rated 8 on a scale of 1-10 on the left and 7 on the right. She used Lidocaine patches daily for aching from the low back to the left hip that occurred daily and was described as terrible. Medications tried in the past included Vicodin, Soma and Naproxen. She could not take Ibuprofen due to severe stomach pain. Medication regimen included multivitamin, Ranitidine, Claritin D, Dulcolax, Excedrin, Norco, Aleve, Lidoderm patch and Lovastatin. Allergies included Dilaudid, Percocet and Erythromycin. Diagnoses included chronic pain, knee pain, low back pain, pain in elbow and lumbago-sciatica due to displacement of lumbar intervertebral disc. Treatment plan included Norco, Naproxen, ice as needed, follow up in 2 months and a urine drug screen. Currently under review is the request for Celebrex and physical therapy 2 x 5 for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The progress report dated 4/29/15 documented that the patient reported severe stomach pain with Ibuprofen. A history of acid reflux is documented. On 04/29/15, the patient was seen in clinic, with complaints of elbow, knee and back pain. Injury date was 05/24/2011. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Celebrex is not supported by MTUS guidelines. Therefore, the request for Celebrex is not medically necessary.

Physical Therapy 2 x 5 bilateral knees: 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 Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment, ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The progress report dated 4/29/15 documented that the patient reported complaints of elbow, knee and back pain. Injury date was 05/24/2011. No functional improvement with past PT physical therapy was documented in the 4/29/15 progress report. Ten visits of physical therapy were requested. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 10 visits of physical therapy exceeds MTUS guidelines, and is not supported. Therefore, the request for physical therapy is not medically necessary.