

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	6/3/2010
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010080

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve supervised formal rehabilitation program sessions of physical therapy for the bilateral knees is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol L-Carnitine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve supervised formal rehabilitation program sessions of physical therapy for the bilateral knees** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Tramadol L-Carnitine** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

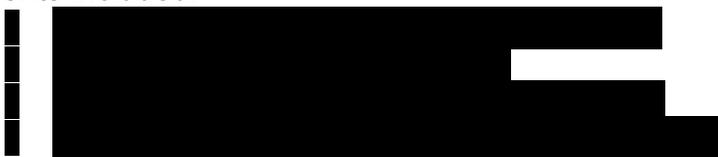
The IMR application shows a 6/3/10 injury date, and the injured worker is disputing the 7/19/13 UR decision. The 7/19/13 UR decision by [REDACTED] is based on the 6/20/13 progress note and is denying the 12 PT sessions for the bilateral knees, and denial of a prescription for Tramadol L-Carnitine. The 5/9/13 and 6/20/13 reports from Dr [REDACTED] request Tramadol L-Carnitine for pain, then there is the UR denial, and Dr [REDACTED] reviews the denial and on 8/1/13 removes the L-carnitine from his report.

The claimant injured the right knee on 6/3/10 when falling off a ladder and has developed compensatory left lower extremity symptoms. There was a 2/17/13 AME by Dr [REDACTED] who apparently recommended injections, PT, analgesics and surgery for the right knee.

8/1/13 [REDACTED], MD, reviewed the [REDACTED] denial. Request PT 2x6 for both left and right knees. Medications Anaprox DS, 550mg, Omeprazole, Tramadol ER 150mg, for pain, transdermal medications.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



1) Regarding the request for twelve supervised formal rehabilitation program sessions of physical therapy for the bilateral knees :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pg. 338, which is part of the MTUS, and Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

The records submitted for review did not indicate that the employee had physical therapy (PT) previously. The current request for PT was based in part on an Agreed Medical Examination (AME) recommendation on 2/17/2013, but that report was not provided with the submitted records. The MTUS Chronic Pain guidelines recommend 8-10 sessions, which in this case would be indicated. The request for 12 sessions will exceed the guideline recommendations. **The request for twelve supervised formal rehabilitation program sessions of physical therapy for the bilateral knees is not medically necessary and appropriate.**

2) Regarding the request for Tramadol L-Carnitine:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids for neuropathic pain, page 82, and pages 111-113, which is part of the MTUS.

Rationale for the Decision:

This does not appear to be a standard compounded medication. It appears that it may even have been a typographical error, as the requesting physician did correct his report on 8/1/13 stating the request was for Tramadol ER. Tramadol by itself may be appropriate, as the records submitted indicate that there has been a trial of first line drugs, but the request presented for IMR is for a compound of tramadol and L-carnitine. MTUS Chronic Pain guidelines indicate that if a compounded product that contains one drug or drug class that is not recommended, then the whole product is not recommended. In this case, L-carnitine is a nutritional supplement and is not approved to treat anything other than a carnitine deficiency. There is no discussion that the employee has a deficiency. Since the L-carnitine portion of the tramadol L-carnitine is not recommended, the whole compound of tramadol L-carnitine would not be recommended. **The request for Tramadol L-Carnitine is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.