
Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
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Dated: 12/27/2013

IMR Case Number:	CM13-0024250	Date of Injury:	06/06/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/23/2013
Priority:	STANDARD	Application Received:	09/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
062584-0559, 97110 PHYSICAL THERAPY (LEFT KNEE) TRAMADOL 50MG			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, hearing loss, neck pain, shoulder pain, and bilateral lower extremity pain reportedly associated with an industrial injury of June 6, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; apparent diagnosis with left knee ACL tear; left knee arthroscopy on September 21, 2012; subsequent left knee ACL reconstruction on October 19, 2012; unspecified amounts of physical therapy over the life of the claim, including at least eight sessions of treatment in 2013 alone; unspecified amounts of psychological counseling; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of August 23, 2013, the claims administrator partially certified request for two sessions of physical therapy, certified request for 30 tablets of Mobic, and partially certified a request for 45 tablets of tramadol. The applicant later appealed, on September 23, 2013.

In a September 24, 2013 note, the attending provider acknowledged that the applicant is off of work, on total temporary disability. She reports multifocal neck, shoulder, upper back, low back, hip, and knee pain with associated anxiety and depression. She is having financial constraints. She weighs 206 pounds. Surgical incision lines are noted about the left knee. It is acknowledged that the applicant has had eight sessions of treatment up until August 14, 2013. She is given refills of tramadol, Mobic, Wellbutrin, Klonopin, and Protonix and asked to follow up with her psychologist while remaining off of work, on total temporary disability. It is stated that the applicant's mother passed

away and that she did not even schedule the two sessions of physical therapy previously partially certified.

IMR DECISION(S) AND RATIONALE(S)

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

1. Physical therapy to the left knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the Post-Surgical Treatment Guidelines, pages 98-99, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The applicant received two sessions of physical therapy through a prior utilization review report of August 23, 2013. She has not completed or scheduled the same, it is noted. It is further noted that the applicant has had prior physical therapy treatments in 2013 alone (8 sessions), seemingly compatible with the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Two additional sessions of physical therapy were certified in 2013, it is further noted. There is, however, no demonstration of functional improvement which would justify additional physical therapy treatment beyond MTUS-endorsed course. The applicant's failure to return to any form of work and continued reliance on numerous analgesic and psychotropic medications implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional physical therapy in unspecified amount is non-certified.

2. Tramadol 50mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 93-94 and 113, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of improved function, reduced pain, and/or successful return to work. In this case, the applicant does not meet any of the aforementioned criteria. There is no evidence of improved performance of non-work activities of daily living. The applicant has failed to return to any form of work, several years removed from the date of injury. The applicant remains reliant on numerous analgesic and adjuvant medications. Continuing Tramadol in the face of the applicant's failure to improve is not indicated. Therefore, the request remains non-certified, on independent medical review.

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.

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