

Case Number:	CM14-0147406		
Date Assigned:	09/15/2014	Date of Injury:	02/03/2011
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 46-year-old female who was reportedly injured on 02/03/2011. The mechanism of injury was not listed in the records reviewed. Diagnoses include sprain/strain of knee and leg, disruption of the medial collateral ligament, enthesopathy of the knee, bursitis and lumbar radiculopathy. The injured worker currently presents with ongoing low back and left knee pain, stiffness and weakness. Physical examination finds an antalgic gait, decreased left knee strength, decreased lumbar spine range of motion, increased lumbar spine range of motion, increased lumbar spine muscle tension and positive straight leg raise and slump tests on the left. Treatments have included medications, physical therapy and home exercises. Currently the injured worker is taking Norco (since 12/09/2013). Prior utilization review denied requests 14 aqua therapy sessions (through [REDACTED] 30 Norco 5mg/325mg (through Express Scripts 800-945-5951) and 1 urine analysis on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fourteen (14) Aqua Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This injured worker has chronic knee and low back pain and may be a surgical candidate for the lumbar spine. Past medical records reveal the injured worker has had a modicum of physical therapy and has been instructed in a self-directed home exercise program. The past sessions of physical therapy have been land based and there is no documentation of any difficulty in participation to require a reiteration of the physical therapy through an aquatic program. The documentation does not support the need for an aquatic physical therapy program. Therefore, the request of fourteen (14) Aqua Therapy sessions is not medically necessary and appropriate.

Norco 5mg/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 OF 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Gastrointestinal Complications of Obesity Surgery, John E. Pandolfino, MD, Brintha Krishnamoorthy, BS, Thomas J. Lee, MD
http://www.medscape.com/viewarticle/471952_5

Decision rationale: This is an injured worker with chronic low back pain with marked spinal stenosis. Past surgical history indicates the injured worker to have had a gastric bypass. This changed physiology of the upper GI tract precludes the safe use of NSAIDs. Therefore the request for Norco #30 tablets over 5 week period is reasonable for episodic treatment for acute exacerbations. This request of Norco 5mg/325mg #30 is medically necessary and appropriate.

Urine analysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43 of 127.

Decision rationale: The injured worker has been prescribed opioids such as Norco. CAMTUS recommends random urine drug screens to document compliance as well as screen for non-prescribed or illicit drug use. Therefore, the request for Urine analysis is medically necessary and appropriate.