

Case Number:	CM13-0008619		
Date Assigned:	09/17/2013	Date of Injury:	12/07/2008
Decision Date:	02/04/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/08/2013

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 Neurology, has a subspecialty in Neuromuscular 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. 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 claimant is a 51 year old injured worker who sustained work related injury on December 7, 2008. The patient developed chronic right knee pain and swelling. Physical examination showed positive straight leg raise and bilateral quadriceps weakness. The patient was diagnosed with right knee ACL and lumbar spine pain. The provider is requesting authorization for Knee surgery, pool therapy for the lumbar spine, quantity 12, referral to cardiologist for stress test, Norco 10/325mg, quantity 120; and Flexeril 10mg, quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee surgery, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 347.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, it is not recommended to perform surgical repair of isolated MCL ruptures, immediate surgical reconstruction of all ACL tears on the basis of MRI finding without physical evidence

confirming the diagnosis. There is no documentation and information regarding the type of knee surgery requested. The request for knee surgery is not medically necessary and appropriate.

Pool therapy for the lumbar spine, quantity 12: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physicalmedicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007) Based on the medical records provided for review, there is no clear evidence that the patient is obese or needs reduction of weight bearing to improve their knee condition. The request for pool therapy for the lumbar spine, quantity 12, is not medically necessary and appropriate.

Cardiologist for stress test, quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Ch. 7, page 127, Independent Medical Examinations and Consultants and the Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the presence of red flags may indicate the need for specialty consultation. In this case, there is no clear need for a cardiology referral. Documentation supporting the medical necessity for a cardiology consultation and a stress test was not included in the medical records. The request for a cardiologist referral for stress test is not medically necessary and appropriate.

Norco 10/325mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-92.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Norco as well as other short acting opioids are indicated for intermittent or breakthrough pain pg. 75. It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. Additionally, there is no clear justification for the prolonged use of Norco in this case. The request for Norco 10/325 (120) is not medically necessary and appropriate.

Flexeril 10mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Flexeril, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril 10mg, quantity 120 is not justified. The request for Flexeril 10mg, quantity 120, is not medically necessary and appropriate.