

Case Number:	CM13-0024410		
Date Assigned:	11/20/2013	Date of Injury:	02/23/2011
Decision Date:	01/29/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/13/2013

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 Orthopedic Surgery, 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.

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 patient is a 57-year-old gentleman who was injured in a work related accident on 02/23/11 indicating injury to the left ankle as well as the left knee. Specific to his left knee, he is noted to be status post a 07/25/12 left knee arthroscopy, medial meniscectomy, and chondroplasty. Records also indicate a prior right knee procedure on 04/17/13 in the form of arthroscopy, medial meniscectomy, and chondroplasty. Most recent clinical assessment for review is a 07/11/13 progress report indicating continued complaints of bilateral knee pain, left ankle pain, right shoulder and wrist discomfort. Physical examination specific to the left knee showed 120 degrees range of motion with mild crepitation, 4/5 quadriceps strength and tenderness to palpation. Examination of the left ankle was not noted. Formal imaging of the left ankle was not available for review. At last clinical assessment, continuation of Soma as well as a referral for eight sessions of physical therapy and the use of a left ankle lace up support was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350, 20 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the continued use of Soma would not be indicated. California

MTUS Guidelines does not recommend the role of Soma. It specifically does not indicate its use for chronic use. When taking into account this agent's significant adverse effect profile and dependency potential, in the context of the claimant's current work related complaints, there would be nothing clinically that would be indicative of any exception to the guidelines. This specific request in this case is not supported. The request for Soma 350, 20 count, is not medically necessary or appropriate.

Physical therapy for the left knee, two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a course of physical therapy for the knee would not be indicated. Records indicate that the claimant has been treated with a significant course of physical therapy following knee arthroscopic procedure with current examination showing no evidence of functional deficit or exam finding that would not indicate a home exercise program as being a more effective form of care at this chronic stage in clinical course. While guideline criteria can recommend the role of physical therapy in the chronic setting, it is typically to help improve swelling, pain, and inflammation during acute inflammatory processes. The claimant's symptoms appear to be "status quo" at this point in regard to the knee. The request for physical therapy for the left knee, two times per week for four weeks, is not medically necessary or appropriate.

A left ankle lace-up support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Ankle Procedures Section

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the role of a lace ankle support is recommended for acute ankle sprains or documented findings of instability. Records in this case fail to give any recent physical examination findings to the ankle or documentation of an acute injury that would benefit from the role of a lace up ankle support. The absence of the above would currently fail to necessitate the role of ankle support in this claimant's course of care. The request for a left ankle lace-up support is not medically necessary or appropriate.