

<b>Case Number:</b>	CM13-0035402		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. 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 patient is a 43-year-old female who reported an injury on 01/28/2011. The patient is currently diagnosed with lumbar musculoligamentous sprains and strain and right sacroiliac joint sprain with right greater than left lower extremity radiculitis. The patient was seen by [REDACTED] on 10/21/2013. The patient was status post left knee surgery on 08/21/2013. The patient completed approximately 12 sessions of physical therapy. The patient continued to report activity limitation with persistent pain, swelling, and stiffness. Physical examination revealed decreased and continued tenderness to palpation over the medial joint line, slight patellofemoral crepitus, painful compression and grinding testing, 136 degrees flexion, 0 degrees extension, and 4/5 weakness. Treatment recommendations included authorization for additional postoperative rehabilitative therapy to the left knee twice per week for 4 weeks, continuation of home exercise program, continuation of current medications, and a psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 15 Stress Related Conditions Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Brace.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. Benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the clinical notes submitted, there is no indication of significant instability or ligament tear of the knee. The patient is currently on full disability from work and there is no indication this patient will be stressing the knee under load. The medical necessity has not been established. Therefore, the request is non-certified.

**unknown prescription of Fexmid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, there is no evidence of palpable muscle spasm, spasticity, or muscle tension upon physical examination. It was noted that the patient would be receiving a refill of this medication indicating the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain in the left knee and lower back, as well as left ankle and foot and right hip. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**16 post-op physiotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** California MTUS Guidelines state initial course of therapy means  $\hat{A}^{1/2}$  of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. As per the clinical notes submitted, the patient is status post left knee arthroscopy on 08/26/2013. The patient has previously completed a course of postoperative physical therapy. Documentation of the previous course with treatment duration and efficacy was not provided for review. Despite ongoing therapy, the

patient continues to report persistent left knee pain, swelling, stiffness, popping, giving way, and weightbearing intolerance with difficulty climbing stairs. Satisfactory response to treatment has not been indicated. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.