

Case Number:	CM13-0045742		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2012
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This is a 39-year-old male with a 12/3/2012 date of injury. The patient underwent a right knee arthroscopic partial medial meniscectomy and synovectomy 7/10/13. On 5/22/13 3x4 initial post op visits were certified for dates 6/7/13 through 9/13/13. Records reveal that on 1/23/13 patient had an MRI of the right knee which revealed a large medial meniscal tear. There is a PR-2 report dated 9/10/13 for continued post op PT to increase range of motion. This note documents that patient has difficulty with flexion and pain. He has Ext at -5 degrees and Flexion 105 degrees. He ambulates with a crutch and will stop this and change to a cane. His 2 arthroscopic incisions are well healed and he has tenderness at the medial and lateral right joint line. A 10/25/13 office visit with [REDACTED] indicates patient has had 11 post op PT visits. In his right knee has 110 degrees of flexion and extension -5 degrees with decreased hamstring, quadriceps strength and slightly VMO muscle atrophy. Patient still has pain and is ambulating with a cane. On a 10/25/13 document by [REDACTED] (PR-2) he states that the request for Exercise Equipment(Resistance chair with Exercise Cycle-Smooth rider cycle) to transition to a home exercise program directed at right knee, and stretching hamstrings and strengthen the quadriceps. There is a document that states that the equipment will manage pain, improve ADL function, and decrease muscle spasms. There is also a request for Sonata(Xalepion) for sleep difficulties. Patient reports that his sleep is disrupted due to knee pain and trouble falling asleep. There is also a request for PT 2x4 to increase range of motion and strengthening as well as stretching exercises and transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise Equipment (Resistance chair with Exercise Cycle-Smooth rider cycle): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: DME, Exercise equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: DME, Exercise equipment

Decision rationale: Exercise Equipment (Resistance chair with Exercise Cycle-Smooth rider cycle) is not medically necessary. The MTUS guidelines are silent on this issue. The ODG states that exercise equipment is not medical equipment and therefore not recommended. Patient should be able to perform a home exercise routine that does not require specialized equipment for stretching, strengthening, or transitioning to a home exercise program.

Additional Physical Therapy 2x4 right knee(see treatment plan): Overturned

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

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

Decision rationale: The request for additional Physical Therapy 2x4 right knee is medically necessary. Although patient has almost reached the guidelines recommendations for his surgery, he still has some deficits and could benefit from a short course of additional PT. Patient is making improvements in post op PT transitioning from crutch to cane and slight increases in knee range of motion. He continues to have some deficits in range of motion, weakness on physical exam, and pain. It would be medically appropriate to have additional PT 2x 4 right knees to focus on these deficits.

Sonata (Xalepion) 10mg 1PO QHs #30: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment

Decision rationale: Sonata(Xalepion), 10mg 1PO QHs #30 is not medically necessary. The MTUS is silent on insomnia. The ODG states that Sonata is only indicated for Short-term use (7-

10 days) after careful evaluation of potential sleep disturbances. The request for Sonata for quantity 30 exceeds guideline recommendations and is not medically necessary.