

<b>Case Number:</b>	CM13-0067502		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/02/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Orthopedic Surgery, 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 58 year old male with a reported date of injury on 08/02/2005. The mechanism of injury occurred when he stepped into a plumbing ditch. His diagnosis was noted to include postsurgical status of the knee joint replacement. His previous treatments were noted to include surgery, physical therapy, and medications. The medications listed are Robaxin 750 mg 1 by mouth every 6 hours as needed. The injured worker had a right total knee arthroplasty completed on 08/22/2013. The injured worker reported the swelling in his right knee has not gone away and pain increases if he is sitting still. The injured worker also reported the pain increased at night when he is sleeping and moved around as well as the range of motion in his right knee is 100%. The request for authorization form dated 11/05/2013 for postoperative x-rays and scanogram; however, the provider's rationale was not submitted within the medical records. The request for authorization form regarding the Robaxin request was not submitted within the medical records. The request is for Robaxin 750 mg #65 with 2 refills, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A POSTOPERATIVE X-RAY OF THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 13, 341

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** ACOEM Guidelines states official studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. According to the ACOEM Guidelines, the clinical parameters for ordering knee radiographs following trauma is joint effusion within 24 hours of the direct blow or fall, palpable tenderness over fibular head or patella, and ability to walk 4 steps or bear weight immediately or within in a week of trauma, or inability to flexibility knee to 90 degrees. The injured worker has complained of knee swelling and pain; however, he has full range of motion to the right knee and the physical examination showed no abnormal findings. The rationale for an x-ray is unclear and is not warranted at this time. Therefore, the request is not medically necessary and appropriate.

**SCANOGRAM OF THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 13, 341

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The injured worker has complaints of swelling and pain to the knee; however, has full range of motion. ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is a lack of medical evidence to suggest that a scanogram is required for postoperative evaluation of a total knee arthroplasty. Therefore, in the absence of details regarding the rationale behind the scanogram, it is unknown whether a scanogram is appropriate at this time. Therefore, the request is not medically necessary.

**ROBAXIN 750MG #65 WITH TWO REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 63

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS Chronic Pain Guidelines state muscle relaxants may be effective in reducing in pain and muscle tension, and increasing mobility. There is a lack of documentation regarding muscle spasms to warrant a muscle relaxant medication. There is a lack of documentation regarding the efficacy of this medication or the length of time this injured

worker has been taking this medication. There is a lack of documentation regarding muscle spasms that would warrant Robaxin. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary and appropriate.