MAXIMUS Federal Services

Case Number:	CM14-0170117		
Date Assigned:	10/23/2014	Date of Injury:	02/10/2014
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Minnesota. 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 38-year old male who sustained multiple injuries while delivering a crate of glass panes that flipped over on 2/10/2014. He underwent open reduction and internal fixation of a left lateral tibial plateau fracture on 2/27/2014. He developed a joint contracture despite use of physical therapy. A consultation of 7/8/2014 revealed a stiff knee with range of motion 25 degrees to 85 degrees. Surgery was advised including arthroscopy, debridement, and manipulation under anesthesia with postoperative use of continuous passive motion and physical therapy. On 7/31/2014 he underwent the surgical procedure and started using CPM and PT postoperatively. On 9/2/2014 he was attending PT 2-3 times a week. Range of motion was 8-108 degrees. On 9/26/2014 range of motion on examination was -5-108 degrees. He was ambulating with a cane. The disputed request is additional physical therapy two times a week for 3 weeks between 9/26/2014 and 12/01/2014 that was non-certified per UR determination on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 6 Physical Therapy Sessions for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Operative Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11.

Decision rationale: The post-surgical physical therapy for manipulation of the knee under anesthesia is 20 visits over 4 months. The Post-surgical physical medicine treatment period is 6 months. The guidelines recommend an initial course of therapy consisting of one half of the total number of visits specified in the general course of therapy which is 10 visits. The office notes of 9/2/2014 indicate knee range of motion of 8-108 degrees and on 9/26/ 2014 it was -5-108 degrees. There was full extension in the knee and flexion had not changed since 9/02/2014. In the absence of documented functional gains the additional 6 sessions requested on 9/26/2014 were not medically necessary and a home exercise program would have sufficed to maintain the range of motion and continue strengthening. Therefore the request as stated is not medically necessary.

Unknown Prescription of Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: According to Chronic Pain Guidelines Carisoprodol (Soma) is not recommended. This medication is not indicated for long term use. The active metabolite is Meprobamate, a schedule IV controlled substance. The request does not indicate the dosage or quantity. The request for Soma as stated is not medically necessary.