

<b>Case Number:</b>	CM14-0097301		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine, Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 35-year-old male with a reported date of injury on 05/02/2014. The injury reportedly occurred when the injured worker fell through a porthole. His diagnoses were noted to include right knee pain. His previous treatments were noted to include medications. The progress note dated 05/22/2014 revealed complaints of neck, upper back, and lower back. The injured worker reported his right ankle was improving, but he still felt there was some neck and upper back stiffness present. The main problem the injured worker complained of was his right knee. It was swollen and painful. The injured worker reported he was not able to walk well, that the knee was making noises, and he was unable to bend it well. The physical examination of the right knee noted tenderness with swelling. The tenderness was present at 4+ and it was tender in the popliteal area. The movements were painful and he was unable to flex it all the way. The straight leg raise was negative. The progress note dated 06/16/2014 revealed complaints of right knee pain with increased swelling. The physical examination of the right knee revealed tenderness that was rated 4+ and swelling rated 3+. The examination revealed painful movements and crepitus. The provider indicated an x-ray of the right knee was performed, which noted arthritic changes of the right knee. The Request for Authorization form dated 06/23/2014 was for an MRI of the right knee due to swelling and pain. The Request for Authorization form for the Flexeril 10 mg quantity 90 was not submitted within the medical records along with the provider's rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Rt Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1019-1020.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The request for MRI on the right knee is not medically necessary. The injured worker complains of pain and increased swelling to the right knee. The CA MTUS/ACOEM Guidelines state the clinical parameters producing absence of significant fracture, and may be used to support the decision not to obtain a radiograph following knee trauma, is: the patient is able to walk without a limp and had a twisting injury and there was no effusion. The clinical parameters for ordering knee radiographs following trauma is joint effusion within 24 hours of direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk or bear weight immediately, or inability to flex to 90 degrees. The guidelines state an MRI can be used to identify and define a meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendonitis, and prepatellar bursitis. There is a lack of documentation regarding conservative treatment other than medications attempted to the right knee. The guidelines recommend 4 to 6 week of conservative treatment prior to an MRI or special study. Therefore, the request is not medically necessary.

**Flexeril 10mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

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

**Decision rationale:** The request for Flexeril 10mg QTY: 90.00 is not medically necessary. The injured worker complains of knee pain and swelling. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefits beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding muscle spasms to warrant a muscle relaxer. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.