

Case Number:	CM14-0209774		
Date Assigned:	01/20/2015	Date of Injury:	12/04/2013
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/15/2014

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 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 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:

According to the records made available for review, this is a 44-year-old female with a 12/3/13 date of injury. At the time (10/28/14) of the request for authorization for left knee arthroscopy and Cyclobenzaprine 7.5 mg #90, there is documentation of subjective (6 out of 10 pain which is constant, cramping in her left calf) and objective (positive tenderness over the paracervical and paralumbar musculature, positive muscle spasm in the paracervical and paralumbar musculature, positive medial joint line tenderness, positive lateral joint line tenderness, and positive patellofemoral facet tenderness) findings, imaging findings (MRI left knee (1/27/14) report revealed remote partial thickness PCL tear. Partial-thickness cartilage fissure within the lateral patellar facet with minimal subjacent reactive marrow edema. Medial meniscus mucinous degeneration (body and posterior horn). Small joint effusion. Nonspecific cystic changes within the intercondylar region of the proximal tibia), current diagnoses (cervical strain, lumbar strain, and left knee rule out internal derangement), and treatment to date (medication including ongoing use of Cyclobenzaprine). Regarding left knee arthroscopy, there is no documentation of failure of exercise programs to increase the range of motion and strength of the musculature around the knee, additional subjective findings (functional limitations continue despite conservative care), and imaging is inconclusive. Regarding Cyclobenzaprine 7.5 mg #90, there is no documentation of acute exacerbation of chronic pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date; and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Diagnostic Arthroscopy

Decision rationale: MTUS reference to ACOEM guidelines state that referral for surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG identifies documentation of conservative care (medications OR Physical therapy), subjective findings (pain and functional limitations continue despite conservative care) and imaging findings (imaging is inconclusive), as criteria necessary to support the medical necessity of a diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of cervical strain, lumbar strain, and left knee rule out internal derangement. In addition, there is documentation of conservative care (medications) and subjective findings (pain). However, there is no documentation of failure of exercise programs to increase the range of motion and strength of the musculature around the knee. In addition, there is no documentation of additional subjective findings (functional limitations continue despite conservative care). Furthermore, given the documented imaging findings (MRI left knee (1/27/14) report revealed remote partial thickness PCL tear. Partial-thickness cartilage fissure within the lateral patellar facet with minimal subjacent reactive marrow edema. Medial meniscus mucinous degeneration (body and posterior horn), there is no documentation that imaging is inconclusive. Therefore, based on guidelines and a review of the evidence, the request for left knee arthroscopy is not medically necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical strain, lumbar strain, and left knee rule out internal derangement. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of functional benefit or improvement

as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date; and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 mg #90 is not medically necessary.