

Case Number:	CM15-0005004		
Date Assigned:	01/16/2015	Date of Injury:	11/05/2010
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old female sustained an industrial injury on 11/05/2010. She had multiple areas of injury which developed over a cumulative period. She underwent arthroscopy of the right knee on 11/14/14. Prescribed medications include Lidoderm patch, Tylenol and Skelaxin. Exam note 12/3/14 demonstrates persistent knee pain with occasional clicking and catching. MRI demonstrates intact menisci and ligaments with chondromalacia. The UR decision dated 12/16/14 non-certified Skelaxin, the request for PT or DC X 18 Post-Op was partially certified to allowing PT x 12 and denying DC. MTUS and ACOEM guidelines were used to deny the Skelaxin. MTUS and Manual therapy and manipulation guidelines were cited in the partial certification of the request for PT or DC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Page(s): 61.

Decision rationale: CA MTUS/Chronic Pain Treatment Guidelines, page 61 states that Metaxalone (Skelaxin) states, Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by █████ Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. In this case, there is lack of information in the chart note from 12/3/14 of objective findings to warrant muscle relaxants. Therefore, the determination is for non-certification.

Physical Therapy (PT) or DC x 18 post-operatively: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification.