

<b>Case Number:</b>	CM15-0101717		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, Indiana, Oregon  
 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:

The injured worker is a 49 year old female who sustained a work related injury May 5, 2013. Past history included s/p arthroscopy and partial meniscectomy. According to a primary treating orthopedic physician's progress report, dated April 21, 2015, the injured worker presented for a follow-up evaluation. She reports continued bilateral knee pain, rated 8/10, without medication and 6-7/10, with medication and difficulty sleeping. Physical examination, knees, revealed; antalgic gait, favoring the left lower extremity and uses a single point cane for ambulation; palpable tenderness over the medial and lateral joint lines on the left and palpable tenderness over the medial joint line on the right; crepitation of the right patella; pain with range of motion; McMurray's test is positive on the right, mild Varus stress on the left knee, and mild Valgus on the right knee. Assessment is documented as left knee meniscal tear, s/p arthroscopy and partial meniscectomy; right knee internal derangement; patellofemoral degenerative joint disease, bilateral knees. At issue, is the request for authorization for physical therapy and Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left knee 2 times weekly for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

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

**Decision rationale:** CA MTUS/Post-surgical guidelines, Knee, page 24, recommend 12 visits of therapy over 12-week period for postoperative patients after meniscectomy. This is performed over a 4-month period. In this case, the note from 4/21/15 does not detail how many post-operative sessions were already completed for the left knee. Even if none has been completed, the request for 12 exceeds the guideline recommendation that half the initial visits be performed pending re-evaluation. Based on this the request is not medically necessary.

**Restoril 30mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Benzodiazepines, Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24.

**Decision rationale:** According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Restoril is a benzodiazepine. There is no documentation of the need for continued treatment with Restoril in the note from 4/21/15. The request is not medically necessary.