

Case Number:	CM15-0164311		
Date Assigned:	09/01/2015	Date of Injury:	12/23/2014
Decision Date:	10/27/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on December 23, 2014. He reported low back pain radiating to bilateral lower extremities and right knee pain. The injured worker was diagnosed as having right knee sprain of the popliteus and MCL and degenerative disc disease of the lumbar spine. Treatment to date has included diagnostic studies, radiographic imaging, conservative care and work restrictions. Currently, the injured worker continues to report right knee instability and low back pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Magnetic resonance imaging of the right knee on April 9, 2015, revealed evidence of sprain of the proximal fibular collateral ligament, strain of the popliteus muscle with the tendon intact, mild sprain of the proximal medial collateral ligament, moderate to advanced chondral thinning of the patellar facets and moderate effusion. Evaluation on June 12, 2015, revealed continued pain as noted. It was noted by the physician the left wrist and thumb pain should also be considered industrial in causation. Evaluation on July 9, 2015, revealed continued pain as noted. Soma 350 mg, Additional physical therapy 2x6 to right knee and Synvisc injections x 3 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Based on the 06/12/15 progress report provided by treating physician, the patient presents with right knee and low back pain. The request is for SOMA 350 MG. Patient's diagnosis per Request for Authorization form dated 07/14/15 includes right knee MCL sprain, right knee popliteus sprain, right knee degenerative joint disease, and lumbar herniated nucleus pulposus. The patient has an antalgic gait. MRI of the right knee dated 04/09/15, revealed evidence of sprain of the proximal fibular collateral ligament, strain of the popliteus muscle with the tendon intact, mild sprain of the proximal medial collateral ligament, moderate to advanced chondral thinning of the patellar facets and moderate effusion. X-ray of the right knee, per 04/16/15 report showed "early degenerative change in the medial compartment. There is mild varus alignment." Treatment to date has included diagnostic studies, radiographic imaging, conservative care, and work restrictions. The patient takes Tramadol, per 04/02/15 report. The patient is off work, per 07/09/15 report. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects." Per 07/09/15 report treater is requesting Soma 350mg quantity 30. It appears this medication is being initiated since there is no prior mention in provided medical records. MTUS recommends antispasmodic agents such as Soma, only for a short period (no more than 2-3 weeks). In this case, the request for Soma quantity 30 would exceed guideline recommendations. Therefore, the request is not medically necessary.

Synvisc injections x 3: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: Based on the 06/12/15 progress report provided by treating physician, the patient presents with right knee and low back pain. The request is for SYNVISIC INJECTIONS X 3. Patient's diagnosis per Request for Authorization form dated 07/14/15 includes right knee MCL sprain, right knee popliteus sprain, right knee degenerative joint disease, and lumbar herniated nucleus pulposus. The patient has an antalgic gait. MRI of the right knee dated 04/09/15, revealed evidence of sprain of the proximal fibular collateral ligament, strain of the popliteus muscle with the tendon intact, mild sprain of the proximal medial collateral ligament,

moderate to advanced chondral thinning of the patellar facets and moderate effusion. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, and work restrictions. The patient takes Tramadol, per 04/02/15 report. The patient is off work, per 07/09/15 report. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established." Treater does not discuss the request. In this case, the patient is diagnosed with right knee degenerative joint disease. X-ray of the right knee, per 04/16/15 report showed "early degenerative change in the medial compartment. There is mild varus alignment." Given the patient continues with pain, diagnosis, and X-ray findings, the request for Synvisc injection appears reasonable. There is no evidence of prior Synvisc injection to the right knee. Therefore, the request is medically necessary.

Additional physical therapy 2x6 to right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Based on the 06/12/15 progress report provided by treating physician, the patient presents with right knee and low back pain. The request is for ADDITIONAL PHYSICAL THERAPY 2X6 TO RIGHT KNEE. Patient's diagnosis per Request for Authorization form dated 07/14/15 includes right knee MCL sprain, right knee popliteus sprain, right knee degenerative joint disease, and lumbar herniated nucleus pulposus. The patient has an antalgic gait. MRI of the right knee dated 04/09/15, revealed evidence of sprain of the proximal fibular collateral ligament, strain of the popliteus muscle with the tendon intact, mild sprain of the proximal medial collateral ligament, moderate to advanced chondral thinning of the patellar facets and moderate effusion. X-ray of the right knee, per 04/16/15 report showed "early degenerative change in the medial compartment. There is mild varus alignment." Treatment to date has included diagnostic studies, radiographic imaging, conservative care, and work restrictions. The patient takes Tramadol, per 04/02/15 report. The patient is off work, per 07/09/15 report. MTUS Physical Medicine Section, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request, nor a precise treatment history. Given the patient's condition, a short course of Physical Therapy would appear to be indicated. However, treater has not explained why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions of PT exceeds what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.

