

Case Number:	CM15-0189215		
Date Assigned:	10/01/2015	Date of Injury:	12/07/2014
Decision Date:	11/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 12-07-2014. He has reported injury to the right knee. The diagnoses have included right knee sprain-strain; right knee internal derangement; right knee meniscal tear; chondromalacia; and status post right knee arthroscopy, on 02-19-2015. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and surgical intervention. Medications have included Naproxen Sodium, Cyclobenzaprine, and Pantoprazole. A progress report from the treating provider, dated 07-06-2015, documented an evaluation with the injured worker. The injured worker reported that the right knee was still painful and weak; he finished 10 physical therapy treatments; and he wants more therapy. Objective findings included uses cane; tenderness to palpation of the right knee at the medial joint line; scars are well healed; and he needs more therapy. The treatment plan has included the request for Cyclobenzaprine 7.5mg #60; and additional physical therapy 3 times a week for 4 weeks, right knee. The original utilization review, dated 09-21-2015, non-certified the request for Cyclobenzaprine 7.5mg #60; and additional physical therapy 3 times a week for 4 weeks, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: The claimant sustained a work injury in December 2014 when he struck his right knee against pallets inside a truck. He had 6 physical therapy treatments with no relief. In February 2015 he underwent an arthroscopic medial meniscectomy with chondroplasty and synovectomy. As of 04/08/15, he had completed 10 post-operative physical therapy treatments. When seen, recent treatments had included acupuncture. He had right knee pain and weakness and wanted more therapy. Physical examination findings included full range of motion, which was painful. There was 3/5 strength. There was no joint effusion. Physical therapy and cyclobenzaprine are being requested. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there is no reported exacerbation and the presence of muscle spasms or complaints of spasms are not recorded. The request is not considered medically necessary.

Additional physical therapy 3 times a week for 4 weeks, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in December 2014 when he struck his right knee against pallets inside a truck. He had 6 physical therapy treatments with no relief. In February 2015 he underwent an arthroscopic medial meniscectomy with chondroplasty and synovectomy. As of 04/08/15, he had completed 10 post-operative physical therapy treatments. When seen, recent treatments had included acupuncture. He had right knee pain and weakness and wanted more therapy. Physical examination findings included full range of motion, which was painful. There was 3/5 strength. There was no joint effusion. Physical therapy and cyclobenzaprine are being requested. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. The request is not medically necessary.

