

<b>Case Number:</b>	CM15-0069086		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/19/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 37-year-old male, who sustained an industrial injury on 12/19/2014. Diagnoses include left knee pain. Treatment to date has included diagnostics, medications, modified activity and physical therapy. Per the Doctor's First Report of Injury dated 3/17/2015, the injured worker reported knee pain described as sharp, intense, burning, numb, tingling, aching, tightness, throbbing, and rated as 8/10 on a subjective pain scale. Physical examination revealed pain and tenderness in the upper and lower leg. There were moderate muscle spasms to the right anterior pelvis/hip, pubic, left anterior thigh, left anterior knee, left shin and left ankle. Range of motion is noted as flexion 90 degrees and 0-degree extension. The plan of care included bracing, medications and follow up care. Authorization was requested for a knee brace, Flexeril, Ibuprofen, Prilosec, Elavil and a prolonged examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prolonged examination:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** Based on the 3/17/15 progress report provided by the treating physician, this patient presents with left knee pain rated 8/10 on VAS scale, with numbness/tingling/tightness. The treater has asked for Prolonged Examination on 3/17/15. The requesting 3/17/15 progress report states that a prolonged examination was treatment rendered on 3/17/15 report. The patient's diagnosis per request for authorization form dated 3/17/15 is left knee pain. The patient is s/p left knee MRI in 1/12/15 that shows "a tear of the medial collateral ligament". The patient's left knee symptoms have been present for the last few months, and are most noticeable in the morning per 3/17/15 report. The patient also feels that his left knee will give out on him per 3/17/15 report. The patient is currently using a knee brace per 3/17/15 report. The patient is using orthopedics, knee sleeves, and crutches per 1/28/15 report. The patient is currently not working per 3/17/15 report. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. Referral to a psychiatrist for medicine therapy. In this case, the report from 3/17/15 which requests a prolonged physical examination does not appear to be an extra-ordinary visit. Routine evaluations with examination are found. The patient was given a knee brace and a toradol shot of 60mg on the left glute during the visit, as per 3/17/15 report. However, there was no documentation of any prolonged session involving counseling or education. The request is not medically necessary.

**Reddie knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, Knee brace.

**Decision rationale:** Based on the 3/17/15 progress report provided by the treating physician, this patient presents with left knee pain rated 8/10 on VAS scale, with numbness/tingling/tightness. The treater has asked for Reddie Knee Brace on 3/17/15. The patient's diagnosis per request for authorization form dated 3/17/15 is left knee pain. The patient is s/p left knee MRI in 1/12/15 that shows "a tear of the medial collateral ligament. " The patient's left knee symptoms have been present for the last few months, and are most noticeable in the morning per 3/17/15 report. The patient also feels that his left knee will give out on him per 3/17/15 report. The patient is currently using a knee brace per 3/17/15 report. The patient is using orthopedics, knee sleeves, and crutches per 1/28/15 report. The patient is currently not working per 3/17/15 report. ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, "Immobilizer only if needed" Under Patellofemoral syndrome a knee sleeve is an option. ODG Guidelines under the

Knee Chapter does recommend knee brace for the following conditions, Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. It further states "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. " Per 3/17/15 report, the patient "received one DME Reddie Brace for left knee dispensed in-house. In this case, the patient has ongoing left knee pain despite conservative treatment. The patient is currently not working, however, with no indications that the patient is prone to stressing the knee under load. The patient is currently using "knee sleeves" per 1/28/15 report. Therefore, the request is not medically necessary.

**Flexeril (duration and quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Based on the 3/17/15 progress report provided by the treating physician, this patient presents with left knee pain rated 8/10 on VAS scale, with numbness/tingling/tightness. The treater has asked for Flexeril (Duration and Quantity Unspecified) on 3/17/15. The patient's diagnosis per request for authorization form dated 3/17/15 is left knee pain. The patient is s/p left knee MRI in 1/12/15 that shows "a tear of the medial collateral ligament. " The patient's left knee symptoms have been present for the last few months, and are most noticeable in the morning per 3/17/15 report. The patient also feels that his left knee will give out on him per 3/17/15 report. The patient is currently using a knee brace per 3/17/15 report. The patient is using orthopedics, knee sleeves, and crutches per 1/28/15 report. The patient is currently not working per 3/17/15 report. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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". The treater does not discuss this request in the reports provided. This patient does not have a history of taking Flexeril per review of reports dated 12/19/14 to 3/31/15. Guidelines indicate that muscle relaxants are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. The request does not specify quantity of Flexeril being requested. The treater does not describe the request as short term. Therefore, the request is not medically necessary.

**Ibuprofen (duration and quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** Based on the 3/17/15 progress report provided by the treating physician, this

patient presents with left knee pain rated 8/10 on VAS scale, with numbness/tingling/ tightness. The treater has asked for Ibuprofen (Duration and Quantity Unspecified) on 3/17/15. The patient's diagnosis per request for authorization form dated 3/17/15 is left knee pain. The patient is s/p left knee MRI in 1/12/15 that shows "a tear of the medial collateral ligament." The patient's left knee symptoms have been present for the last few months, and are most noticeable in the morning per 3/17/15 report. The patient also feels that his left knee will give out on him per 3/17/15 report. The patient is currently using a knee brace per 3/17/15 report. The patient is using orthopedics, knee sleeves, and crutches per 1/28/15 report. The patient is currently not working per 3/17/15 report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is taking Ibuprofen in report dated 12/30/14 and 3/5/15. However, there were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, the treating physician does not mention how this medication has been helpful in any way. The request is not medically necessary.

**Prilosec (duration and quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

**Decision rationale:** Based on the 3/17/15 progress report provided by the treating physician, this patient presents with left knee pain rated 8/10 on VAS scale, with numbness/tingling/ tightness. The treater has asked for Prilosec (Duration and Quantity Unspecified) on 3/17/15. The patient's diagnosis per request for authorization form dated 3/17/15 is left knee pain. The patient is s/p left knee MRI in 1/12/15 that shows "a tear of the medial collateral ligament". The patient's left knee symptoms have been present for the last few months, and are most noticeable in the morning per 3/17/15 report. The patient also feels that his left knee will give out on him per 3/17/15 report. The patient is currently using a knee brace per 3/17/15 report. The patient is using orthopedics, knee sleeves, and crutches per 1/28/15 report. The patient is currently not working per 3/17/15 report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose ASA)". "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2- receptor antagonists or a PPI". Naproxen is included in patient's medications, per treater report dated 3/17/15. The patient was taking Ibuprofen in report dated 3/5/15. The patient is on NSAID therapy currently but the treater has not documented GERD in the request. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. The request to continue PPI is not in accordance with MTUS guidelines. Therefore, the request is not medically necessary.