

<b>Case Number:</b>	CM15-0099820		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 50-year-old male, who sustained an industrial injury on November 1, 2013. He reported pain in both knees from operating a forklift with a seat that was not adjustable. The injured worker was diagnosed as having right knee patellofemoral syndrome/mild arthrosis and left knee pain resolved. Treatment to date has included CT scan, MRI, physical therapy, bracing, x-rays, home exercise program (HEP), and medication. Currently, the injured worker complains of bilateral knee pain. The Treating Physician's report dated May 13, 2015, noted the injured worker had another injury on January 29, 2015, when he jumped from a moving forklift with injury to his left knee and left hand, given crutches, developing left shoulder pain and an exacerbation of a previous low back injury. Physical examination was noted to show the injured worker with a mildly antalgic gait with pain referred to the left knee, with complaint of pain at the extremes of lumbar range of motion (ROM) with extension, right lateral flexion, and left lateral flexion. The right knee was noted to have tenderness to palpation over the lateral joint line and lateral aspect of the patella, with a tight lateral retinaculum. The left knee was noted to have tenderness to palpation over the medial joint line and lateral aspect of the patella, a tight lateral retinaculum. Radiographs were taken of the bilateral knees. The injured worker was noted to be taking Motrin, scheduled for periodic follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-examination consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** MTUS is silent regarding visits to Re-examination consultation. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The medical records fail to document what significant change has occurred in the patient's medical history warranting a consultation. His initial injury occurred in 2013 with a re-injury to the left knee in 1/15. In addition, the treating physician did not provide a medical rationale as to why a re-examination is needed at this time. The patient continues on physical therapy and ibuprofen but no other significant therapy or increase in his therapy as a result. As such, the request for Re-examination consultation is not medically necessary at this time.

**X-Rays, Bilateral Knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, "Knee & Leg (updated 5/5/15)".

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-336, 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography.

**Decision rationale:** ACOEM states regarding knee evaluations, The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp, Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or

bear weight immediately or within a week of the trauma, Inability to flex knee to 90 degrees. ODG states regarding radiograph of knee and leg, "Recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." Further clarifies indications for imaging, X-rays:- Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study.- Acute trauma to the knee, injury to knee >= 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation. Non-traumatic knee pain, child or adolescent – non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Non-traumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Non-traumatic knee pain, adult: nontrauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). The medical records provided did not indicate a mechanism of injury of the knee that would meet ODG criteria. Additionally, the medical records indicate that the patient is able to ambulate, which supports not obtaining an x-ray per ACOEM. The treating physician does not indicate that there has been a significant change to the patient to warrant bilateral knee X-rays. The images obtained on 5/13/15 are unchanged from previous films. As such, the request for X- rays, bilateral knees not medically necessary at this time.

**Medications to treat muscle spasms and inflammation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeri.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic

medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." (Mens, 2005) Up-to-date "flexeril" also recommends "Do not use longer than 2-3 weeks." The medical records fail to indicate what medication is being requested, the dose, for what indication and body part and for how long. There is no documentation of spasm on physical exam. As such, the request for Medications to treat muscle spasms and inflammation is not medically necessary.