MAXIMUS Federal Services

Case Number:	CM13-0036439		
Date Assigned:	12/13/2013	Date of Injury:	04/01/2003
Decision Date:	02/05/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicind Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 77 year-old male who sustained an injury from lifting a 40 pound item on 4/1/03 while employed by [redacted]. The Agreed Medical Evaluation (AME) report dated September 25, 2012 from [redacted] indicates that the patient has diagnoses of cervical discogenic disease; lumbar compression fracture/degenerative joint disease and discogenic disease; status post (s/p) right total knee replacement in April 2009; and advanced left knee arthritis with collapse of medial joint line and patella-femoral joint space. An MRI of the lumbar spine on May 10, 2012 revealed 2-3 discs bulging, mild stenosis and advanced facet disease at L5-S1 without spondylolisthesis as mentioned. [redacted] noted that the patient had prior left knee surgery in 1970 as the patient has a large medial arthrotomy scar; 20% industrial causation for the left knee with possible knee replacement in the future. Medications have included Glucosamine, Norco, Ibuprofen, Prilosec, Remeron, Celestone injection, Xylocaine and Marcaine into the lumbar spine. Previous treatment included medications, therapy, surgery and off work total disability since 2003. A report dated September 18, 2013 from [redacted] noted that the patient is s/p total knee arthroplasty (TKA) surgery on April 24, 2013 and has completed at least 24 physical therapy visits. He complained of neck and low back pain 9/10; not working; no therapy; medications of Ibuprofen, Tramadol, and Prilosec. Objective findings only noted s/p Left TKA, 0-100 degrees, weight 161 lbs. Treatment plan was for physical therapy, transportation and Temporary total disability (TTD) for six (6) weeks. The requests under consideration include 18 sessions of Physical Therapy, transportation for all visits to therapy and one (1) prescription of Flexeril 7.5mg, #90. The requests were non-certified on October 14, 2013, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for 18 sessions of Physical Therapy, between September 18, 2013 and December 3, 2013: 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) Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Therapy for Knee Section Page(s): 24-25.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's TKA is now over 9 months without documented functional limitations or complications to allow for additional physical therapy. The patient remains TTD without functional improvement from treatment already rendered. Therefore the prospective request for 18 sessions of Physical Therapy, between September 18, 2013 and December 3, 2013, is not medically necessary and appropriate.

The prospective request for transportation for all visits to therapy, between September 18, 2013 and December 3, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Transportation, page 354.

Decision rationale: As the PT is not supported, the transportation to and from therapy is not medically needed. Therefore the prospective request for transportation for all visits to therapy, between September 18, 2013 and December 3, 2013, is not medically necessary and appropriate.

The prospective request for one (1) prescription of Flexeril 7.5mg, #90, between September 18, 2013 and December 3, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state, Flexeril Â®, a muscle relaxant, is not recommended for mild to moderate chronic persistent pain problems

including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. The submitted reports have no demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2003 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant, FlexerilÂ® has not been adequately addressed to warrant continued treatment regimen. The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of April 2003. Therefore, the prospective request for one (1) prescription of Flexeril 7.5mg, #90, between September 18, 2013 and December 3, 2013, is not medically necessary and appropriate.