

<b>Case Number:</b>	CM14-0120737		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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:

This injured worker is a 43 year old male with a reported date of injury of June 10, 2013. Mechanism of injury reported as a twisting injury to the right knee after stepping on a stump while performing the regular duties of his occupation as a laborer. Diagnosis is chondromalacia of patella. The injured worker is status post right knee arthroscopy on July 11, 2013. Orthopedic office visit note, dated May 15, 2014, indicates the injured worker reports severe pain with swelling in the right knee. The treating physician recommended a repeat MI of the right knee and medication. MRI of the right knee dated June 24, 2014 indicates moderate to severe chondromalacia patella, mild chondromalacia, medial compartment, mild increases signal superior surface middle thirds of the medial meniscus with low probability of being associated with an arthroscopically identifiable meniscal tear. Orthopedic treating physician visit note, dated August 28, 2014, indicates the injured worker continues to report severe right knee pain that is a seven out of ten at rest and a ten out of ten with activity. Primary treating physician visit note, dated July 9, 2014, indicates the injured worker was recommended for physical therapy at the June 13, 2014 visit. He states that prior physical therapy, in November 2013, cause diminution in pain however this time the condition is worsening. He also states the achy pain is significantly decreased with NSAIDs. At this visit, the treating physician recommended continued physical therapy three times per week for four weeks, continued TENS, Naproxen Sodium 550mg, Pantoprazole 20mg, and Cyclobenzaprine 7.5mg. The injured worker is temporarily partially disabled as of this visit. Prior utilization review denied request for Physical Therapy right knee 3x4, Cyclobenzaprine 7.5 mg #90 dispensed on 06/13/14 and TENS unit 30 day trail dispensed on 06/13/14 on July 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy right knee 3x4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical physical therapy; 12 visits over 12 weeks. In this case, there is no record of previous physical therapy progress notes with documentation of objective measurements. Furthermore, the records lack detailed pain and functional assessment to support any indication of more physical therapy visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional physical therapy will exceed the number of recommended physical therapy visits. Therefore, the requested Physical therapy visits is not medically necessary.

**Cyclobenzaprine 7.5 mg #90 dispensed on 06/13/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** Per guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. The medical necessity of the request is not established per guidelines; therefore, the request is not medically necessary.

**TENS unit 30 day trail dispensed on 06/13/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

**Decision rationale:** According to the ODG evidence-based guidelines, TENS is recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. The addition of TENS plus exercise appears to produce improved function (greater cumulative knee extensor torque, stride length, gait velocity and range of motion) over those treated with exercise only, although the difference has not been found to be significant. There is no conclusive evidence that TENS reduces knee pain or physical disability from osteoarthritis, even with years of clinical use. Long term benefit with use of this device has not been proven. In this case, there is no documentation of current therapeutic exercise program. There is no evidence of knee osteoarthritis in this injured worker. The medical records do not support the request for a TENS unit. Thus, the request is not medically necessary.