

Case Number:	CM14-0165315		
Date Assigned:	10/10/2014	Date of Injury:	05/06/2014
Decision Date:	11/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 42 year old female with an injury date on 05/06/14. Based on the 06/30/14 progress report provided by [REDACTED] the patient complains of intermittent and "electric shock" pain. "Patient has difficulty walking up and downstairs as well as over uneven surfaces. Patient is wearing knee brace. Range of motion is limited and painful." Her diagnoses include the following: 1. Right elbow cubital tunnel release; 2. Right elbow debridement surgery; 3. Right wrist sprain/strain; 4. Lumbar spine sprain/strain; 5. Left knee/hamstring sprain/strain. [REDACTED] is requesting for 8 physical therapy sessions. The utilization review denied the request on 09/09/14. [REDACTED] is the requesting provider, and he provided treatment report from 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times weekly, left knee QTY: 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with left knee complaints and the patient had an MRI on 5/27/14 showing some pathologies. The patient apparently has had knee surgery one year ago. The treating physician is requesting for 8 physical sessions given the decreased ROM (range of motion), and difficulty with ambulation. Utilization review denied the request stating "the patient has far- exceeded this timeline since surgery was performed almost one year ago." Review of the reports does not show that the patient recently had any therapy. It is likely that the patient had post-operative therapy a year ago. Given that the patient is outside of post-operative time-frame, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Given the patient's difficulty with ambulation and ROM, a short course treatment at this time may be appropriate and the request for 8 sessions appears reasonable. Recommendation is that the request is medically necessary.

Flexeril 5mg QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

Decision rationale: For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Flexeril 5 mg #90; Flexeril is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, recommendation is that the request is not medically necessary.