MAXIMUS Federal Services

Case Number:	CM15-0167945		
Date Assigned:	09/29/2015	Date of Injury:	10/09/2012
Decision Date:	11/06/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on 10-09-2012. The injured worker is being treated for right knee medial and lateral meniscal tears status post arthroscopy with arthritis. Treatment to date has included surgical intervention (right knee arthroscopic partial lateral meniscectomy 4-28-2015), medications and 12 sessions of postoperative physical therapy. Per the Primary Treating Physician's Progress Report dated 7-17-2015, the injured worker reported right knee and left shoulder pain. He reported increased pain to the left ankle and left knee due to an abnormal gait. Objective findings included moderate effusion with crepitus and pain about the patellofemoral joint. There was tenderness about the medial and lateral patellofemoral joint. Per the postoperative medical records dated 5-06-2015 to 7-17-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the doctor do not document efficacy Soma. Work status was documented as "off work." The plan of care included additional physical therapy, Soma and Orthovisc injections. Authorization was requested on 7-24-2015 for additional post-op therapy (3x4) for the right knee, right knee Orthovisc injections x 3, Soma 350mg #60 and authorization and evaluation to treat the left knee. On 8-03-2015, Utilization Review non-certified the request for additional post-op therapy (3x4) for the right knee, right knee Orthovisc injections x 3, and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post op therapy 3 times per week for 4 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The claimant sustained a work injury in October 2012 and underwent an arthroscopic right partial lateral meniscectomy on 04/28/15. When seen, he was having left knee and ankle pain attributed to compensating for the recent right knee surgery. Physical examination findings included decreased right knee range of motion with crepitus, patellofemoral tenderness, and a moderate joint effusion. His body mass index is 34. Case notes reference completion of 12 post-operative physical therapy sessions. After the surgery performed, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. Functional improvement with the treatments already provided is not documented. Once the physical medicine period has been exceeded, a trial of 6 pool sessions under the chronic pain treatment guidelines could be considered. The request is not medically necessary.

Right knee orthovisc injections times 3: 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, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in October 2012 and underwent an arthroscopic right partial lateral meniscectomy on 04/28/15. When seen, he was having left knee and ankle pain attributed to compensating for the recent right knee surgery. Physical examination findings included decreased right knee range of motion with crepitus, patellofemoral tenderness, and a moderate joint effusion. His body mass index is 34. Case notes reference completion of 12 post-operative physical therapy sessions. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate

response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intra-articular steroids. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. The claimant is less that 3 months status post surgery. Additionally, there is no evidence of failure of injection of intra-articular steroids. The requested series of viscosupplementation injections is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The claimant sustained a work injury in October 2012 and underwent an arthroscopic right partial lateral meniscectomy on 04/28/15. When seen, he was having left knee and ankle pain attributed to compensating for the recent right knee surgery. Physical examination findings included decreased right knee range of motion with crepitus, patellofemoral tenderness, and a moderate joint effusion. His body mass index is 34. Case notes reference completion of 12 post-operative physical therapy sessions. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.