

<b>Case Number:</b>	CM15-0073290		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year old female who sustained a work related injury to the right knee, October 2, 2008. Past history included right knee arthroscopic surgery x 3, and meniscectomy, synovectomy and right total knee replacement September, 2014. According to an orthopedic treating physician's progress report, dated March 10, 2015, the injured worker presented on two crutches. She is s/p manipulation under anesthesia, right knee, which went from 165 degrees to 110 degrees, although noted to be rubbery. She is currently undergoing physical therapy and can bend the knee past 90 degrees. Motion is lacking 20 degrees of extension and flexion is about 100 degrees. Diagnoses are documented as internal derangement of the knee on the right, s/p knee replacement and two manipulations under anesthesia; discogenic lumbar condition with facet inflammation. Treatment plan included requests for authorization of CPM (continuous passive motion) machine for 21 days, hospital bed extension, Soma, and TENS unit with conductive garment for post op use 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** MTUS Guidelines specifically addresses Soma (Carisoprodol) as an individual drug in addition to reviewing it under the general heading of muscle relaxants. The Guidelines state that it is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Soma 350mg. #120 is not supported by Guidelines and is not medically necessary.

**CPM machine:** Overturned

**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 02/27/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Knee - Continuous Passive Motion.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and this individual meets the criteria for use. The Guidelines recommend up to 17 days of post operative home use. This request is for 21 days and this is close enough to make a reasonable exception to a strict interpretation of the Guidelines. The CPM machine 21 day rental is consistent with Guidelines and is medically necessary.

**Hospital bed extension:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 116-117. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 02/27/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee DME.

**Decision rationale:** Guidelines do not specifically address this issue, but ODG provides a general review of DME requests. This request is made with the documentation that the extension makes the CPM machine easier to utilize and it makes it easier for the individual to mobilize out of the bed. Medically this appears "reasonable enough" medical necessity for its use while CPM machine is being utilized. The hospital bed extension is supported by Guidelines and is medically necessary with use of the CPM machine.

**TENS unit with conductive garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 116-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-117.

**Decision rationale:** MTUS Guidelines supports up to a 30 day postoperative use of a TENS unit. However, the Guidelines do not support the use of a conductive garment unless special circumstances are present i.e. large body area or inability to place leads. The medical necessity of a conductive garment is not demonstrated per Guideline standards and there are no exception circumstances to justify an exception to Guidelines. The TENS unit with conductive garment is not supported by Guidelines and is not medically necessary.