MAXIMUS Federal Services

Case Number:	CM15-0075404		
Date Assigned:	04/27/2015	Date of Injury:	05/05/2013
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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 48 year old female who sustained an industrial injury to her bilateral knees on 05/05/2013. The injured worker was diagnosed with left meniscal tear, right knee internal derangement and patellofemoral degenerative joint disease bilateral knees. Treatment to date includes conservative measures, diagnostic testing, surgery and medications. The injured worker is status post arthroscopy and partial meniscectomy left knee (no date documented). According to the primary treating physician's progress report on March 10, 2015, the injured worker continues to experience bilateral knee pain rated at 8/10 without pain medications and 7/10 with the current medication regimen. Examination of the knees demonstrated an antalgic gait favoring the left lower extremity while utilizing a single point cane for ambulation. There is tenderness to palpation over the medial and lateral joint lines on the left with palpable tenderness over the medial joint on the right with crepitation of the right patella. Range of motion was decreased accompanied by pain. McMurray's test was positive on the right, mild Valgus on the right and mild Varus on the left. Current medications are listed as Ultram, Anaprox, Zanaflex, Ativan and Protonix. Treatment plan includes awaiting authorization for physical therapy to the bilateral knees, magnetic resonance imaging (MRI) of right knee, psychological and psychiatric support, change Zanaflex to Restoril, and the current request for the retrospective request for muscle testing (DOS: 3/10/15) and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request muscle testing (DOS: 3/10/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33 and 89.

Decision rationale: Regarding the request for muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculo-skeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently muscle testing is not medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines, Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for temazepam (Restoril), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. In light of the above issues, the currently requested temazepam (Restoril) is not medically necessary.