

<b>Case Number:</b>	CM13-0024659		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/15/2004
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

### 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 56 year old male with a DOI of 5/15/04. The diagnoses are cervical disc bulge, right SC joint dislocation, cervical radiculopathy, left carpal tunnel syndrome, left facet hypertrophy, left hip trochanteric bursitis, painful retained hardware, s/p lumbar fusion (4/14/07); lumbar discopathy; bilateral knee pain, based on the report dated 9/11/13 by [REDACTED]. It was noted that the patient continued with significant, persistent low back pain. The patient also has persistent right knee pain. An exam of the right knee showed full range of motion with increased pain and medial joint line tenderness. A request was made for an updated MRI of the right knee, lumbar spine hardware block, CT scan of the lumbar spine as well as extracorporeal shockwave therapy of the right knee and an additional 8 visits of physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**eight (8) physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

**Decision rationale:** The progress report dated 9/11/13 by [REDACTED] noted that the patient has persistent low back pain and tenderness to palpation. There was no discussion by the provider in

the 9/9/13, 9/11/13, and 10/9/13 reports regarding any functional benefit the patient had received from past physical therapy. MTUS pg. 8 states that the physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. MTUS (pg. 98, 99) regarding physical medicine allow for fading of treatment frequency plus active self-directed home physical medicine. The provider does not provide documentation regarding how many treatments the patient has had so far. There is a lack of comprehensive therapy notes to understand how much therapy has been provided thus far this year. Without this information, one cannot determine whether or not additional therapy is consistent with MTUS at this time. Therefore recommendation is for denial.

**MRI of the right knee:** 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 (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The progress report dated 9/11/13 by [REDACTED] noted that the patient has persistent right knee pain. An exam of the right knee shows full range of motion with increased pain and medial joint line tenderness. A request was made for an updated MRI of the right knee. The ACOEM does not support special studies to evaluate most knee complaints until after a period of conservative care and observation. The ODG guidelines were reviewed which do not support the use of MRI for nontraumatic knee pain without nondiagnostic radiographs and without suspected internal derangement. The medical records do not appear to indicate that the patient has experienced a new injury or new examination finding to support a request for a new MRI. Recommendation is for denial.

**Fluriflex cream 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

**Decision rationale:** The progress report dated 9/11/13 by [REDACTED] noted that the patient has persistent low back pain and tenderness to palpation. He also has persistent right knee pain. An exam of the right knee showed full range of motion with increased pain and medial joint line tenderness. A request was made for Fluriflex Cream 180gm, which are a compounded cream containing Fluribiprofen and Cyclobenzaprine. MTUS (pg. 111-113) has the following to say

about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine has no evidence for use as a topical product. Therefore recommendation is for denial.

**TGHot 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

**Decision rationale:** The Physician Reviewer's decision rationale: The progress report dated 9/11/13 by [REDACTED] noted that the patient has persistent low back pain and tenderness to palpation. He also has persistent right knee pain. An exam of the right knee showed full range of motion with increased pain and medial joint line tenderness. A request was made for TGHot 180gm, which is a compounded cream containing Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. MTUS (pg. 111-113) has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Gabapentin is not recommended for topical application. Therefore recommendation is for denial.

**extracorporeal shockwave therapy to the right knee:** 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 (Acute & Chronic).

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

**Decision rationale:** The progress report dated 9/11/13 by [REDACTED] noted that the patient has persistent right knee pain. Exam of the right knee shows full range of motion with increased pain and medial joint line tenderness. A request was made for ESWT for the right knee. MTUS does not discuss ESWT for the knee; therefore a different guideline was reviewed. ODG states that ESWT is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. The guidelines do not appear to support ESWT for the knees, therefore recommendation is for denial.