

<b>Case Number:</b>	CM13-0030490		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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, and is licensed to practice in Texas. 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 52 year old male with 03/28/2012 injury date. He underwent left knee total arthroplasty on 5/29/2013. He has completed post-operative physical therapy (PT) with minimal progress. Per the 7/25/2013 physician's progress report, he has no limitation on physical activities. The patient's examination revealed 5-90 degrees ROM and ambulates with normal gait. Treatment plan were activities as tolerated, Ambien, Norco, and PT. According to the 8/16/2013 physical therapy progress report, the patient had completed 12 sessions. He reported 60% improvement. Range of motion is to 107 degrees. He has tightness, no pain reported. Strength is 4-/5 to 4+/5 hip and knee strength except 2+/5 in knee extension which like his knee flexion strength, is also unchanged from his initial PT visit. The patient was authorized an additional 8 PT sessions on 8/21/2013. According to the 9/5/2013 physician's progress report, the patient had done physical therapy with minimal progress. He has stiffness with associated swelling and pain. Physical examination of the left knee revealed healed incision, effusion, stiffness, 5-90 ROM and mild pain throughout arc of motion, and neurovascular intact distally. X-rays show left TKA without any migration, loosening, or subsidence. Diagnosis is left TKA with stiffness. Plan is for aggressive PT 2x6, and topical cream to help with swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 10%, DICLOFENAC 6%, INDOMETHACIN 6%, LIDOCAINE 5%  
240GM WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain when first-line measures have failed. The medical records do not establish neuropathic pain with failure of first-line measures. There is no indication that the patient is unable to tolerate standard oral medications, such as NSAIDs or acetaminophen. Also, ice would be an applicable treatment for swelling. In addition, according to the CA MTUS guidelines, only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not establish neuropathic pain. The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topical lidocaine is not recommended for non-neuropathic pain. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not demonstrate the compounded product is appropriate and medically necessary for this patient.

**12 PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The guidelines state, with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Patient education regarding postsurgical precautions, home exercises, and self management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. In the case of this patient, the medical records reflect that he has been certified at least 20 postop PT sessions over 10 weeks. Review of the medical records do not reflect that the patient has made significant or consistent gains with rendered PT. According to the guidelines, in absence of improvement, continuation or additional PT is not recommended. At this juncture, the patient is well versed in an independent home exercise program, which would be equally effective. The medical necessity of additional Physical Therapy has not been established.

