

Case Number:	CM13-0033546		
Date Assigned:	12/06/2013	Date of Injury:	07/11/2008
Decision Date:	02/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopedic Surgery 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. 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 60-year-old female who was injured in a work related accident on 07/11/08. Clinical records for review in this case indicate an injury to the right knee for which following a course of conservative care on 03/26/13 total joint arthroplasty was performed on the right knee. Postoperatively, clinical records for review indicate that the claimant attended 24 sessions of formal physical therapy to date. A recent 11/27/13 follow up report indicated the claimant continues to utilize Voltaren gel, cold therapy, and use of a cane with physical examination showing 0 to 125 degrees range of motion, a well healed incision, 4/5 strength and quadriceps atrophy. Recommendations were for continuation of cane, ice, Voltaren gel, and home exercise program. It also indicated at that time that the claimant "would require total knee replacement revision liner exchange due to looseness of knee."

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 12 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy in this case would not be indicated. While the claimant continues to be symptomatic, records indicate that she is doing well from a physical therapy point of review having achieved 0 to 125 degrees range of motion and has a documented 24 sessions of prior physical therapy since time of surgical intervention. The continued acute need of the above modality would not be indicated at this chronic stage in the claimant's course of care given the physical examination findings and therapy already rendered.

Request for cold/heat therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, heat and cold therapy would not continue to be beneficial. Hot packs are noted to have no beneficial effect on edema when controlled with placebo or cold application alone. While cold packs are noted to diminish swelling, it is done so in the acute setting. The continued role of this form of modality at this chronic stage in the claimant's clinical course of care would not be indicated.

Request for Voltaren Gel: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Voltaren gel also would not be indicated. While the FDA approves Voltaren gel, it is done so for relief of osteoarthritis pain in joints such as the ankle, elbow, foot, hand, knee, and wrist. Records do not indicate its role in the postoperative setting, nor would records indicate its chronic use in this claimant's course of care following knee replacement procedure. The specific request, based on clinical guidelines, would not be indicated.