

Case Number:	CM13-0035978		
Date Assigned:	12/13/2013	Date of Injury:	12/12/2008
Decision Date:	02/21/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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. 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 63 year old male with date of injury 12/12/2008. Patient has diagnoses of bilateral knee osteoarthritis/degenerative joint disease. The patient is status post left total knee replacement from Feb. 2013 and right total knee replacement (2012). Progress report dated 09/06/2013, states that the patient has received 21 post-op physical therapy visits. Unfortunately, upon completion of physical therapy on 07/23/2013, the patient has regressed as evidenced by increased pain/weakness, increased medication usage and decreased range of motion. The treater is requesting additional 8 physical therapy visits and topical creams TGHOT and FLURFLEX for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X4 for left knee: Overturned

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

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

Decision rationale: The patient is status post right and left total knee replacement (2012, 02/2013). Since completing physical therapy on 07/23/2013 the patient reports regression of

symptoms and has required more medication. Progress report dated 10/07/13 shows bilateral knee flexion and extension is limited by localized pain. Negative McMurray, abduction stress test, adduction stress test, Lachman's pull, Drawer's test, pivot shift test, and reverse pivot shift test are noted bilaterally. There is 1+ left knee effusion. Also there are 2+ bilateral patellar crepitus and popping without locking. The treater is requesting 8 additional physical therapy visits given the deterioration. This patient is outside of post-operative therapy time-frame and MTUS guidelines p98, 99 allows for 9-10 physical therapy visits over 8 weeks for Myalgia and Myositis type symptoms. While physical therapy notes were not available for review, it appears that prior treatments did provide the patient with improved function and pain. Given the patient's recent deterioration of symptoms and since the requested number of visits are within MTUS guidelines, recommendation are for authorization.

Topical cream such as TGhot and FlurFlex: Upheld

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

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

Decision rationale: This patient presents with chronic bilateral knees pains with history of bilateral knee replacements. The request is for TGHot cream (combination of Tramadol/Gabapentin/Menthol/Camphor/Capsaicine). MTUS guidelines do not recommend compounded topical product if one of the components are not recommended. In this case, both Tramadol and Gabapentin compounds are not recommended as a topical formulation.