

Case Number:	CM13-0047180		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2007
Decision Date:	03/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Management 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 male with a date of injury of October 28, 2007. A utilization review determination dated October 4, 2013 recommends noncertification of a functional capacity evaluation and pain cream. A progress report dated August 7, 2013 includes subjective complaints of swelling and mild discomfort in the right knee. The physical examination identifies a mildly antalgic limping gait and ambulation with a cane. The incision is well-healed with mild swelling, no tenderness, and range of motion is 5-125. The assessment states status post right total knee arthroplasty November 15, 2012. The treatment plan recommends continuing home exercise, activity modification, ibuprofen, and pain medicine at home on a PRN basis. The treatment plan also recommends "use creams on a daily basis" and a functional capacity evaluation in preparation of a permanent and stationary report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

Decision rationale: Regarding the request for "analgesic creams," Chronic Pain Medical Treatment Guidelines state that the topical analgesics are recommended as an option. Their use is supported primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, it is unclear exactly what the constituents of the "analgesic cream" might be. Without knowing the constituents of the cream, it is impossible to determine the medical necessity of this medication. Additionally, there is no documentation that the patient has failed antidepressants and anticonvulsants for the treatment of neuropathic pain. In the absence of clarity regarding those issues, the currently requested "analgesic creams" are not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Fitness for Duty Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.