

Case Number:	CM13-0047267		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2004
Decision Date:	02/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 56-year-old gentleman who was injured on 05/15/04. Clinical records for review included an appeal letter dated 09/09/13 by [REDACTED], citing an appeal for denial of physical therapy, topical creams, an MRI of the right knee, and ESWT treatment to the right knee. He documented the claimant's current diagnosis of cervical disc bulging, right sternoclavicular joint dislocation, cervical radiculopathy, left carpal tunnel syndrome, left facet joint hypertrophy, left trochanteric bursitis, painful retained hardware, status post interbody fusion of the lumbar spine, lumbar discogenic pain, and bilateral knee pain. He stated that a recent orthopedic assessment of 01/03/13 showed continued low back pain as well as right knee pain. There was noted to be tenderness over the paraspinal muscles to the cervical spine and lumbar spine with spasm. The right knee was noted to have restricted motion and tenderness over the popliteal fossa. It stated at that time the claimant was given an intramuscular injection of medication for pain control. Other than the information above, there was no specific documentation for need of continued topical medications, shock wave therapy, or right knee MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Prescription of Flurifex Cream 180gm between 7/31/2013 and 12/6/2013):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded and Topical NSAIDs.

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

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment 2009 Guidelines, Flurifex cream would not be indicated. Chronic Pain Guidelines in regard to topical compounded agents state that they are "largely experimental for use with few randomized clinical trails to determine efficacy or safety." The records in this case would not currently support the role of this topical agent, which is known to contain a non FDA approved medication in the topical setting of Flurbiprofen. The specific request for this topical compound would not be indicated.

Decision for 8 physical therapy sessions between 7/31/2013 and 12/6/2013: Upheld

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

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

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical 2009 Treatment Guidelines, the continuation of physical therapy in this case would not be indicated. While physical therapy can be used sparingly to help control "swelling, pain, and inflammation" during the rehabilitative process, the records do not indicate symptomatic flare of the claimant's current chronic conditions. Records indicate that the claimant is now nearly 10 years following time of injury. The acute need of physical therapy treatment would not be supported at this stage in the claimant's clinical course of care.

Decision for 1 MRI of the right knee between 7/31/2013 and 12/6/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure - MRI's (Magnetic Resonance Imaging)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, an MRI scan of the knee would not be indicated. In the chronic setting of nontraumatic knee complaints, Official Disability Guidelines (ODG) would not recommend the role of an MRI scan without documentation of specific trauma, cartilage disruption or internal derangement. There is no documentation of the claimant's prior imaging including radiographs or prior MRI scans, which are not available for

review. Given the lack of acute clinical findings, both on physical examination or subjective complaints, the need of an MRI scan would not be supported.

Decision for 1 prescription of TGHOT 180gm between 7/31/2013 and 12/6/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Gabapentin and Capsaicin, topical.

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

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment 2009 Guidelines, the topical compound TG Hot would not be supported. Topical compounds are "largely experimental with use including few randomized clinical trials to determine efficacy or safety." Further records in regard to this agent indicate that it contains Tramadol, Gabapentin, Methanol, and Capsaicin. The Capsaicin is at a level of 0.05%. Chronic pain Guidelines would not support the role of Capsaicin above 0.025%, nor would it recommend the role of Gabapentin in any topical compounding agent. The failure to support all agents in a topical compound would fail to necessitate the agent as a whole. This specific request would not be indicated.

Decision for Unknown sessions of extracorporeal shockwave therapy to the right knee between 7/31/2013 and 12/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator 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 - Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (Acute & Chronic); and National Guidelines Clearinghouse

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines, Extracorporeal Shock Wave Therapy (ESWT) treatment for the knee would not be indicated. ODG Guidelines do not formally support the role of shock wave therapy for the knee. While it states that it is under study for patellar tendinopathy and long bone hypertrophic nonunions, the claimant does not have either of these diagnosis according to the documentation provided for review.. At present, there would be no current indication for the use of this non-supported modality for the claimant's knee.