MAXIMUS Federal Services

Case Number:	CM13-0047358		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2011
Decision Date:	03/17/2014	UR Denial Date:	10/18/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50 year old male who reported an injury on 06/06/2011. The patient was reportedly injured during a physical altercation with another individual. The patient is currently diagnosed with hip pain and degenerative joint disease of the knee. The patient was seen by [redacted] on 10/10/2013. The patient reported swelling and limited range of motion of the knee. Physical examination revealed tenderness to palpation, stiffness, swelling, and limited range of motion. X-rays obtained in the office on that date indicated no increase of osteoarthritis. Treatment recommendations included physical therapy 3 times per week for 4 weeks, a home health care aide for 6 weeks, transportation service, a TENS unit, and continuation of current medications including Dyotin SR, TheraFlex cream, and Biotherm pain relieving lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm Pain Relieving Lotion 120gm, 4oz bottle: Upheld

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

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

Decision rationale: California MTUS Guidelines state Topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient does not demonstrate neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Theraflex Cream 180gm: Upheld

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

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

Decision rationale: California MTUS Guidelines state Topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient does not demonstrate neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Home Healthcare Aide for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, on a part time or intermittent basis, generally up to no more then 35 hours per week. As per the documentation submitted, there is no evidence that this patient is home bound. There is also no indication that this patient is not able to obtain assistance from outside resources such as family. There was also no documentation of the type of services requested. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Purchase of Mini-cycle: 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), Knee & Leg Chapter, Durable Medical Equipment, Exercise equipment.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Exercise equipment is considered not primarily medical in nature. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.