

Case Number:	CM13-0052791		
Date Assigned:	04/25/2014	Date of Injury:	01/31/2012
Decision Date:	07/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 claimant is a 57 year old male status post industrial injury 1/31/12. Exam note 3/25/13 demonstrates continued bilateral knee pain. Right knee demonstrates medial joint line tenderness with positive McMurray's. Left knee demonstrates medial and lateral joint line tenderness. Exam note 10/31/13 demonstrates patient is status post left knee arthroscopy. Exam demonstrates 0-120 degree range of motion bilaterally. Continued 2+ medial and lateral joint line tenderness is noted. Request is made for Biofreeze for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFREEZE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, 346.

Decision rationale: CA MTUS/ACOEM guidelines Knee Complaints Table 13-3 page 338 and Table 13-6 page 346 do not support the use of topical creams for treatment of knee pain as demonstrated in the cited clinical visits above. Therefore the request is not medically necessary.