MAXIMUS Federal Services

Case Number:	CM13-0054432		
Date Assigned:	12/30/2013	Date of Injury:	01/19/2012
Decision Date:	05/09/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice inTexas. 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 injured worker is a 54-year-old female who reported an injury on 01/19/2012. The mechanism of injury was not provided. Current diagnoses include status post right total knee replacement with arthrofibrosis, symptomatic osteoarthritis of the left knee, and postoperative weakness. The injured worker was evaluated on 11/26/2013. The injured worker reported bilateral knee pain as well as occasional feelings of giving way. Objective findings included atrophy in the right quadriceps, -12 degrees right knee extension with 95 degrees flexion, tricompartmental tenderness, and loss of left knee range of motion. Treatment recommendations t that time included authorization for Orthovisc injections as well as additional physical therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16..

Decision rationale: The California MTUS Guidelines state Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The current request does not include a frequency or quantity. Therefore, the current request is not medically appropriate. As such, the request for CYMBALTA 30 MG is non-certified.

VOLTAREN GEL 4GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-1113.

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren gel, which is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. The current request does not include a frequency or quantity. Therefore, the current request is not medically appropriate. As such, the request for VOLTAREN GEL 4 GM is non-certified.

PHYSICAL THERAPY 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-1113.

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren gel, which is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. The current request does not include a frequency or quantity. Therefore, the current request is not medically appropriate. As such, the request for VOLTAREN GEL 4 GM is non-certified.

EMPI PHOENIX NEUROMUSCULAR ELECTRICAL STIMULATION DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state neuromuscular electrical stimulation devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support

its use in chronic pain. Therefore, the request for EMPI PHOENIX NEUROMUSCULAR ELECTRICAL STIMULATION DEVICE is non-certified.