

Case Number:	CM13-0062095		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2008
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 Texas. 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 72-year-old male who reported an injury on 02/06/2008. The mechanism of injury was not provided in the medical records. The patient is diagnosed with an internal derangement of the knee. His symptoms include right knee pain and weakness. Physical examination revealed stiffness in the knee, no swelling, tenderness to palpation over the patella and quadriceps tendon, normal patellar mobility, and a negative patellar grind test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee medial unloader brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Section Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: According to the ACOEM Guidelines, a brace can be used for patellar instability, an ACL tear, or MCL instability. However, the Guidelines indicate that benefits may be more emotional in increasing the patient's confidence than medically necessary. The Guidelines further indicate that a brace is usually only necessary if the patient is going to be

stressing the knee under a load. The most recent clinical note provided indicated that the employee wanted to have an unloader brace. However, the employee was not noted to have patellar instability, or ACL or MCL dysfunction, and there was no other indication documented to warrant use of an unloader brace at this time. In the absence of further details regarding the request, the request for Right knee medial unloader brace is not supported.

Tramadol 20% cream, 30 mg QTY: 1.00: Upheld

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

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

Decision rationale: According to the MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. They are noted to be primarily recommended for the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further indicate that many agents are compounded as monotherapy or combination for pain control and use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The clinical information submitted for review failed to show evidence of neuropathic symptoms in recent clinical notes. The employee's symptoms were noted to be left knee pain, right knee pain, and low back pain. However, there were no reports of neuropathic pain or neurological deficits on recent physical examination. Additionally, the documentation did not provide details regarding the employee's medication history, including whether there was a failed trial of antidepressants and anticonvulsants prior to use of the topical analgesic. Additionally, details were not provided indicating the specific analgesic effects of his topical tramadol and how it will be useful for the employee's treatment goals. In the absence of these details, the request for Tramadol 20% cream, 30mg QTY: 1 is not supported.