

Case Number:	CM14-0004509		
Date Assigned:	02/05/2014	Date of Injury:	10/23/2007
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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:

This is a 52-year-old female who injured her right knee carrying a case of water down a flight of stairs on 10/23/07. The medical records provided for review, included a report of an MRI of the right knee dated 11/27/13 that identified a tear of the medial meniscus, intrasubstance degeneration of the lateral meniscus, and osteoarthritic changes of the medial compartment. A progress report dated 1/15/14 noted continued complaints of pain in the right knee and examination showed medial joint line tenderness, positive McMurray's testing, and full range of motion. The claimant's working diagnosis was right knee strain and internal derangement. The recommendations were made for continued acupuncture, chiropractic care, urinalysis for toxicology, Pain Management and Orthopedic referrals, and topical compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT CHIROPRACTIC TREATMENTS 8 SESSIONS 2 TIMES PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: MANUAL THERAPY AND MANIPULATION, , 58-59

Decision rationale: According to the MTUS Chronic Pain Guidelines, the request for continued eight sessions of chiropractic measures cannot be supported. The Chronic Pain Guidelines do not recommend chiropractic treatment for the knee. This individual's complaints are specific to the right knee. Therefore, in accordance with the Chronic Pain Guidelines, chiropractic treatment for eight sessions cannot be recommended as medically necessary.

ADDITIONAL OUTPATIENT ACUPUNCTURE FOR 4 SESSIONS 1 TIMES PER WEEK FOR 4 WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES: 2009 ACUPUNCTURE GUIDELINES, ,

Decision rationale: The MTUS Acupuncture Guidelines do not support continuation of acupuncture for this claimant. The Acupuncture Guidelines recommend acupuncture in the chronic pain setting for an optimal duration of 1-2 months. The documentation indicates that this claimant has had acupuncture treatments since the time of injury. The claimant's current clinical presentation is consistent with meniscal tearing based on the recent MRI. There would be no current indication for continued use of acupuncture for this claimant's current diagnosis of meniscal tearing given the amount of acupuncture recently utilized.

OUTPATIENT URINE ANALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: DRUG SCREEN, , 43

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the request for a urinalysis for toxicology purposes. The clinical records for review indicate that this individual is using topical compounding agents but there is no documentation of oral medications or indications of misuse of oral medications being noted. The role of a urinalysis in this individual would not be supported as medically necessary.

PHARMACY PURCHASE OF TOPICAL COMPOUND

FLURBIPROFEN/CAPSAICIN/MENTHOL 10/0.25/2/1% 120 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PAIN MEDICAL TREATMENT GUIDELINES: TOPICAL ANALGESICS, , 111-113

Decision rationale: The MTUS Chronic Pain Guidelines do not support the request for the topical compound containing Flurbiprofen, Capsaicin, and Menthol. Flurbiprofen is not a topical non-steroidal medication that is supported by the Chronic Pain Guideline criteria. There would be no indication for Capsaicin, which is only recommended as a second line agent after first line therapies have been noted to have failed or are intolerant. Given the claimant's diagnosis of internal derangement of the knee, the topical compound would not be supported as medically necessary.

PHARMACY PURCHASE OF TOPICAL COMPOUND

KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 10%3%5% 120 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: TOPICAL ANALGESICS, , 111-113

Decision rationale: The MTUS Chronic Pain Guidelines do not support the topical compound containing Ketoprofen, Cyclobenzaprine, and Lidocaine. Ketoprofen is a non-FDA-approved agent in the topical setting due to the high incidence of photosensitivity dermatitis. The use of this topical compound containing a non-FDA-approved agent would not be supported. The specific request would not be indicated.