MAXIMUS Federal Services

Case Number:	CM14-0009731		
Date Assigned:	02/21/2014	Date of Injury:	10/22/2010
Decision Date:	06/25/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old female who reported an injury on 10/22/2010. The mechanism of injury was not provided for review. The injured worker's treatment history was not provided for review. The injured worker was evaluated on 12/30/2013. It was documented that the injured worker was using a cane and had experienced worsening right knee pain. Physical findings included tenderness to palpation, stiffness, and weakness of the right knee. A request was made for physical therapy and capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) SESSIONS PER WEEK FOR SIX (6) WEEKS FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California Medical Treatment Utilization Schedule recommends physical medicine to address range of motion and weakness deficits, and pain complaints. The clinical documentation submitted for review does indicate that the injured worker has weakness and pain

complaints that may benefit from physical therapy. However, California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits for myalgia and neuritis. The request is for 12 physical therapy visits. This exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyong guideline recommendations. Additionally, due to the age of the injury, it would be expected that the injured worker had previously participated in physical therapy for the right knee. The injured worker should be well-versed in a home exercise program. There are no factors to preclude further progress of the patient while participating in a home exercise program. As such, the requested physical therapy 2 sessions per week for 6 weeks for the right knee are not medically necessary or appropriate.

CAPSAICIN TOPICAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule does not support the use of capsaicin as a topical analgesic unless all other first-line treatments for chronic pain have been exhausted. The clinical documentation submitted for review did not provide a treatment history to support that the injured worker has exhausted all other first-line treatments for chronic pain. The clinical documentation fails to address whether the injured worker had attempted a trial of oral antidepressants or oral anticonvulsants to manage the injured worker's chronic pain. Furthermore, the request as it is submitted does not provide a frequency, duration of treatment, or body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested capsaicin topical cream is not medically necessary or appropriate.