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| Case Number: | CM14-0100069 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 07/17/2012 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 57-year-old claimant with reported industrial injury of 7/17/12. Claimant is status post right knee arthroscopy April 2014 for medial meniscus tear. Exam note 5/27/14 demonstrates complaint of pain in the knee with stiffness. Examination of the right knee demonstrates range of motion from 3 to 100 degrees. Report states that the patient is making slow progress with physical therapy. Diagnosis is made of right knee osteoarthritis with failure of viscosupplementation and request for additional PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, NSAIDs, states that Voltaren Gel is, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per

day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case there is insufficient evidence of osteoarthritis in the records from 5/27/14 to warrant Voltaren Gel. Therefore determination is not medically necessary.