

Case Number:	CM14-0010537		
Date Assigned:	06/13/2014	Date of Injury:	07/11/2008
Decision Date:	12/17/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/11/08 when, while moving a Hoyer lift, she twisted her right knee and foot. She was found to have a medial meniscus tear with medial femoral condyle fracture. She underwent arthroscopic surgery in November 2008. Subsequent treatments included physical therapy without reported improvement. She underwent a partial knee arthroplasty in June 2011 and a second procedure in December 2011 and she subsequently underwent a right total knee replacement on 03/26/13. Postoperative treatments included physical therapy and pool therapy. There is physical therapy treatments documented beginning on 03/21/14 with three treatments through 04/10/14. She was seen by the requesting provider on 05/19/14. The injured worker was having swelling and instability of the right knee. Further surgery had been recommended. She was wearing a brace, using ice, and participating in pool therapy. She was using compounded cream. Physical examination findings were unchanged. She was seen on 09/22/14. She was having constant right knee pain rated at 8-9/10. She was having knee swelling and difficulty walking and standing without use of a knee brace and cane. She was also having right-sided back pain radiating to the hip and buttock. Physical examination findings included a moderate knee joint effusion with medial joint line tenderness. There was a Baker's cyst. She had decreased right knee range of motion with positive McMurray's testing and positive Apley compression testing. There was pain and crepitus with patellofemoral testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic right knee pain. She has undergone three knee surgeries including a total knee replacement in March 2013 and further surgery has been recommended. The treating provider documents findings consistent with inflammation. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (Diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting her knee amenable to topical treatment. Therefore, the requested medication was medically necessary.