

Case Number:	CM14-0119144		
Date Assigned:	08/06/2014	Date of Injury:	09/12/2000
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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 female who reported an injury on 09/12/2000. The mechanism of injury and the date of birth were not disclosed. On 06/10/2014, the injured worker presented with discomfort in her left knee. Upon examination, there was tenderness to palpation of the patellofemoral and medial joint line with marked tenderness to palpation of the pes anserine bursal region and associated tendon. There was mild crepitus with range of motion and trace effusion noted. The diagnoses were history of left knee arthroscopy 02/09/2011 and degenerative joint disease of the left knee. Prior treatment included a knee arthroscopy, topical medications, and pain medications. The provider recommended Voltaren gel 1% and a [REDACTED] membership with pool access. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Topical Analgesics; Compound Medication. Decision based on Non-MTUS Citation ODG; Non-steroidal anti-inflammatory agents (NSAIDs).

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. There is lack of evidence that the injured worker had failed a trial of antidepressants or anticonvulsants. Additionally, the provider's request does not indicate the frequency of the medication, the site it is intended for, or the quantity in the request as submitted. As such, the request for Voltaren Gel 1% is not medically necessary and appropriate.

██████ Membership with Access to Pool X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; ██████; home-based exercise programs (HBPs)ODG Treatment Guidelines; (Gym Memberships).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Membership.

Decision rationale: The request for ██████ Membership with Access to Pool X6 is non-certified. The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program but note gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There is no documentation of failed home exercise or the injured worker's need for specific equipment that would support the medical necessity of a gym membership. As such, the request for ██████ Membership with Access to Pool X6 is not medically necessary and appropriate.