

Case Number:	CM14-0129913		
Date Assigned:	08/20/2014	Date of Injury:	10/22/2012
Decision Date:	09/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female who reported injury on 10/22/2012. The mechanism of injury was not submitted for review. On 08/15/2014, the injured worker reported left knee pain. The physical examination of the left knee revealed that there was mild knee effusion. Upon palpation, there was tenderness over the lateral joint line. There was tenderness over the anterior patellofemoral joint. There was tenderness over the medial joint line. The injured worker rated her pain at a 9/10. The range of motion revealed a flexion of 100 degrees and an extension of 0 degrees. Cruciate function of the knee was intact, with a negative anterior and posterior drawer sign, and a negative Lachman maneuver. Pivot-shift test for rotary instability was negative. Dial test at 90 degrees was negative. Gross stability of the knee was satisfactory at full extension, and 30 degrees at flexion to varus and valgus stress testing. The injured worker has diagnoses of left knee contusion with exacerbation of degenerative joint disease, degenerative joint disease left knee with genu valgum, and work-related of the left knee secondary to contusion and continuous trauma. X-rays of the knees bilaterally, revealed severe degenerative joint changes, primarily in the lateral and patellofemoral compartments. There was a valgus deformity. There were no fractures, dislocations, or abnormal calcifications. The injured worker is essentially bone-to-bone laterally on the left side, as well as the right. Past medical treatment consists of surgery, physical therapy, and medication therapy. The treatment plan is for the injured worker to have pre-op medical clearance, which consists of labs, chest x-ray, and EKG with medication due to authorization of total left knee replacement. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance (labs, chest x-ray and EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN); Institute for Clinical Improvement (ICSI) 2006 Jul.33p (37 references).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low back, Pre-Op, General.

Decision rationale: The request for pre-op medical clearance (lab, chest x-ray, and EKG) is not medically necessary. The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The included medical documents lacked evidence of physical exam findings and clinical history that would be indicative of high surgery risk for the injured worker. As such, the request is not medically necessary.

Flurbiprofen 25%-Lidocaine 5% in Lidoderm base gm tube: Upheld

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

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

Decision rationale: The request for Flurbiprofen 25%/Lidocaine 5% in Lidoderm base gm tube is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control 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 that is not recommended is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow, or other joints that are amenable to topical treatment. It is recommended for short-term use. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines also do not recommend topical Lidocaine in any other form other than Lidoderm. The included medical documents lack evidence of a failed trial of antidepressants or anticonvulsants. Furthermore, the injured worker's diagnoses were not congruent with the guideline recommendations for topical NSAIDs. Additionally, the provider's request for Flurbiprofen/Lidocaine did not include the site at which the cream was intended for, or the frequency of the medication. As such, the request is not medically necessary.

