

Case Number:	CM14-0153632		
Date Assigned:	09/23/2014	Date of Injury:	11/07/2003
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 patient is a 65-year-old female who has submitted a claim for bilateral knee PFA, OA associated with an industrial injury date of November 7, 2003. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of knee pain with significant swelling, locking and giving way. The physical examination showed slight limp favoring the left lower extremity, positive McMurray's and Pivot Shift test to the left knee, swelling and tenderness of the left knee to the medial and lateral joint lines, ROM 0-100 and crepitus on the left more than the right. The treatment to date has included medications, topical creams and aquatic therapy. Utilization review from September 8, 2014 denied the request for MRI of the Left Knee, Ultracin Topical Lotion, 120ml and Oactive Brace with BioniCare Knee System, Left Knee, Purchase Device and Supplies as Needed. The request for topical lotion was denied because the medical records do not provide evidence that the patient is intolerant to other treatments and there was no objective efficacy noted. The request for an MRI was denied because x-rays have been requested also; the UR recommended that these be completed and assessed as it could negate the need for additional diagnostic studies. The reason for the denial of the BioniCare Knee system was not found as certain pages of the UR were missing. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to the ODG, knee MRIs are recommended in patients with acute trauma to the knee with suspicion of posterior knee dislocation or ligament or cartilage destruction; non-traumatic knee pain with initial non-diagnostic radiographs with anterior patellofemoral symptoms and suspicion of internal derangement, or with normal findings or joint effusion and suspicion of internal derangement; or non-traumatic knee pain with initial radiographs demonstrating evidence of internal derangement. In this case, the records provided indicate that the patient does not have acute trauma nor does she have initial radiographs. X-rays were requested along with this request for an MRI. At this point, the patient does not still meet any criterion that indicates a knee MRI as recommended by the ODG. Therefore, the request for MRI of the left knee is not medically necessary.

Ultram Topical Lotion, 120ml: 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): 258; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Salicylate Topicals

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ultracin Cream contains 3 active ingredients; methyl salicylate, menthol and capsaicin. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. In this case, the patient is on Ultracin lotion for the knee pain. However, there was no mention of the patient being intolerable to oral medications. Thus, the capsaicin component of the cream is not recommended. According to the guidelines, any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Ultram Topical Lotion, 120ml is not medically necessary.

Oactive Brace with Bionicare Knee System, Left Knee, Purchase Device and Supplies as Needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Therapeutic Exercise Programs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter: BioniCare® knee device

Decision rationale: Page 116 of the California MTUS Chronic Pain Medical Treatment Guidelines state that form-fitting TENS device is only considered medically necessary when there is documentation that a large area requires stimulation where conventional system cannot accommodate; that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system; or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The ODG recommends BioniCare knee device as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. In this case, there was no discussion concerning contemplated TKA in this patient. There was also no evidence of current participation in a therapeutic exercise program. The guideline criteria were not met. Furthermore, it was unclear as to why a conventional TENS would not suffice for treatment. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Oactive Brace with BioniCare Knee System, Left Knee, Purchase Device and Supplies as Needed is not medically necessary.