

<b>Case Number:</b>	CM14-0155577		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 injured worker is a 59 year-old female who sustained an injury on July 24, 2012. She is diagnosed with right knee sprain with severe evolving post traumatic arthritis, chronic pain, and impaired mobility. She was seen on September 4, 2014 for an evaluation. She noted some interval improvement with respect to the knee but was still having quite a bit of trouble. She had increasing pain with prolonged standing and walking. An examination of the right knee revealed 2+ soft tissue swelling with slight redness about the right knee arthroscopy scar. There was lack of 15 degrees of extension given the current swelling with activities. There was pain at 90 degrees of flexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches x 1 Box +1:** 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 Flector patch is not medically necessary. It has been determined from the reviewed medical records that the injured worker has been using Voltaren

gel in conjunction with Flector patches. There was no rationale provided as to why Flector patch is being prescribed when she is using another diclofenac in the form of Voltaren gel. Therefore, per the CA MTUS the requested Flector Patches x 1 Box +1 is not medically necessary.

**Physical therapy 1-2 x 8 to the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** The request for physical therapy 1-2 x 8 to the right knee is considered medically necessary. To warrant further sessions of physical therapy, evidence of functional improvement derived from physical therapy must be documented. A review of medical records of the injured worker revealed that previous sessions permitted her to return to work at the early stages of postoperative period. Given her residual limitations relative to the knee and evidence of functional improvement, the request for physical therapy 1-2 x 8 to the right knee is medically necessary at this time.

**Acupuncture 1-2 x 6 to the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture 1-2 x 6 to the right knee is considered medically necessary. It has been determined from the medical records that prior sessions of acupuncture afforded her reduced pain levels from 6/10 to 4-5/10 and permitted her to return to work on a modified duty basis. Given her residual limitations relative to the right knee and evidence of functional improvement, the request for acupuncture 1-2 x 6 to the right knee is medically necessary.