

Case Number:	CM14-0162831		
Date Assigned:	10/08/2014	Date of Injury:	10/23/2007
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 and is licensed to practice in Ohio and Texas. 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 57-year-old female with a reported date of injury on 10/23/2007. The mechanism of injury was not listed in the records. The diagnoses included right knee arthritis. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging submitted for review. There was no surgical history documented in the records. The subjective complaints on 08/22/2014 included right knee pain. The physical exam findings noted full range of motion to the right knee of 0 degrees to 120 degrees. No significant joint effusion. There was tenderness along the medial and lateral joint line. The medications included Voltaren gel. The treatment plan was to continue Voltaren gel and to order a more supportive knee brace. A request was received for Voltaren gel 1% 100 g, 5 refills of Voltaren gel 1% 100 g quantity 5, and supportive knee brace. The rationale for the Voltaren gel was to decrease pain and inflammation and the rationale for the knee brace was to provide more support. The Request for Authorization form was dated 08/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100g: 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): 111-112.

Decision rationale: The request for Voltaren gel 1% 100g is not medically necessary. The California MTUS Guidelines state that Voltaren gel is indicated for release of osteoarthritis pain and joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The request for Voltaren gel lacks medication; therefore, in absence of a medication frequency, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

5 refills of Voltaren Gel 1%, 100g QTY: 5: 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): 111-112.

Decision rationale: The request for 5 refills of Voltaren Gel 1%, 100g QTY: 5 are not medically necessary. The California MTUS Guidelines state that Voltaren gel is indicated for release of osteoarthritis pain and joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The request for Voltaren gel lacks medication frequency; therefore, in absence of a medication frequency, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Supportive knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The request for supportive knee brace is not medically necessary. The California ACOEM Guidelines state that a brace can be used for patella instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is not necessary, only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. The injured worker has chronic right knee pain. There is no clear documented evidence that the injured worker is stressing the knee under load. Additionally, the guidelines state that bracing is usually unnecessary and is not supported by the evidence based guidelines. As such, this request is not medically necessary.