

Case Number:	CM14-0173994		
Date Assigned:	10/27/2014	Date of Injury:	09/28/2006
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/22/2014

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 Illinois. 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 50 year old male with a date of injury on September 28, 2006. According to the attached clinical note of September 25, 2014, the worker's left knee locked causing him to fall and land on his left knee. He has pain in both knees. Exam reveals clicking and popping on the right and pain and crepitus on the left, with diffuse tenderness bilaterally. He also has a positive Apley's, McMurray's, and patellar grind test bilaterally. X-rays reveal osteoarthritis bilaterally. The diagnoses are meniscal tear, right knee and meniscal degeneration of the left knee. Magnetic resonance imaging has been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Physical Medicine Treatment

Decision rationale: Per American College of Occupational and Environmental Medicine guidelines, physical treatment methods for the knee are recommended. Per Medical Treatment Utilization Guidelines, physical therapy is recommended. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per the Medical Treatment Utilization Schedule, Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. For myalgia and myositis, 9-10 visits over 8 weeks is recommended; for neuralgia, neuritis, and radiculitis: 8-10 visits over 4 weeks; for reflex sympathetic dystrophy: 24 visits over 16 weeks. This worker's date of injury is 2006 and he is more than 8 years past the window of recommended initiation of physical therapy. In addition, he completed 14 sessions of physical therapy in 2013 without documentation of functional improvement, return to a full workload, decrease in medications, or better ease of performing activities of daily living. Additional physical therapy sessions are only authorized with evidence of improvement. Lastly, a magnetic resonance imaging has been authorized and it is clinically advisable to await the results of the magnetic resonance imaging and subsequent diagnosis and treatment plan before embarking on physical therapy for presumed meniscal tears. Therefore, the request is not considered medically necessary.

Voltaren gel 100mg #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Agents Page(s): 111-112.

Decision rationale: Per Medical Treatment Utilization Schedule guidelines, topical non-steroidal anti-inflammatory drugs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications for osteoarthritis and tendinitis, in particular, are of the knee and elbow or other joints that are amenable to topical treatment is recommended for short-term use (4-12 weeks). Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It is not recommended as a first-line treatment. It is recommended after failure of oral non-steroidal anti-inflammatory drugs or contraindication of oral non-steroidal

anti-inflammatory drugs or for injured workers who cannot swallow solid oral dosage forms. This worker has chronic knee pain and has been using Voltaren gel; however it is recommended for short-term use only per the Medical Treatment Utilization Schedule. There is no evidence that the worker has failed an oral non-steroidal anti-inflammatory drug. Therefore, the requested service is not medically necessary.