

Case Number:	CM14-0022869		
Date Assigned:	06/11/2014	Date of Injury:	03/03/2006
Decision Date:	07/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopaedic Surgery 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:

This 51-year-old female loan officer sustained an industrial injury on 3/3/06. Injury was sustained when a car crashed into her office, pushing her against at desk. The 10/28/13 right knee MRI impression documented a localized tear at the periphery of the red zone of the posterior horn of the medial meniscus and joint effusion. The 1/14/14 orthopedic consult cited right knee pain, stiffness and numbness. Physical exam documented full right knee range of motion, ligaments stable to stresses, medial joint line tenderness, and ambiguous McMurray's sign. The diagnosis was localized tear at the red zone of the posterior horn of the medial meniscus. MRI findings reviewed. The treatment plan recommended right knee arthroscopy with possible repair of the meniscal tear and possible medial meniscectomy. The 1/27/14 utilization review denied the request for right knee meniscal surgery based on an absence of documented functional limitation, clinical exam findings consistent with meniscal surgery guidelines, minimal pathology on MRI, and reasonable non-operative treatment had not been exhausted. The request for topical compounded cream was denied based on the absence of FDA approval for the topical use of Ketoprofen and the patient has exceeded the recommended treatment duration for topical non-steroidal anti-inflammatory drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPAIR OF RIGHT MENISCAL TEAR AND POSSIBLE MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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, Meniscectomy.

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines criteria for meniscectomy or meniscus repair include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. Current subjective and objective clinical exam findings do not meet guideline criteria for meniscectomy. The patient complains of knee pain with objective findings of medial joint line tenderness but ambiguous McMurray's test. Imaging documented a localized medial meniscus tear. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. Therefore, this request for repair of right meniscal tear and possible meniscectomy is not medically necessary.

30 DAY SUPPLY OF COMPOUNDED CREAM CONSISTING OF 25% KETOPROFEN AND 25% FLURBIPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111-113 Page(s): 111-113.

Decision rationale: The California MTUS does not address this specific compounded cream but provides guidance for the topical use of Ketoprofen and Flurbiprofen. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. Guidelines recommend the use of non-steroidal anti-inflammatory agents (NSAIDs), like Flurbiprofen, for osteoarthritis and tendinitis, particularly of the knee and elbow or other joints that are amenable to topical treatment limited to 4 to 12 weeks. Given the absence of guideline support for all compounds, this request for a 30 day supply of compounded cream consisting of 25% Ketoprofen and 25% Flurbiprofen is not medically necessary.