

<b>Case Number:</b>	CM14-0035621		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Orthopedic 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:

The records presented for review indicate that this 56-year-old male was reportedly injured on 3/1/2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2/25/2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated left knee: incision clean dry and intact, range of motion 0-120. No instability, the patella tracks well. X-rays left knee reveals stable left total knee arthroplasty (TKA), no loosening noted. Previous treatment includes previous surgery, physical therapy, injections, and medications. A request was made for twelve sessions of physical therapy, home H-wave device (purchase), anti-inflammatory cream, Melox 50 mg, and was not certified in the pre-authorization process on 3/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy (x12): Upheld**

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

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

**Decision rationale:** CA MTUS Guidelines support postoperative physical therapy. After total knee arthroplasty/revision, it authorizes 24 visits over a period of 10 weeks. After reviewing, the medical documentation provided the injured workers most recent surgery date is unknown. The physical exam shows his range of motion is doing well at 0-120 with no noted instability at the joint. Without knowing the number of previous physical therapy visits, this request is deemed not medically necessary.

**Home H-wave device (purchase):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HWT (H-Wave Stimulation) Page(s): 117-118.

**Decision rationale:** MTUS Guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records fails to document the criteria required for the purchase of H-Wave Stimulation unit. As such, this request is not considered medically necessary.

**Anti-inflammatory cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-Steroidal Anti-Inflammatory Medications (NSAIDs) Page(s): 111,112.

**Decision rationale:** MTUS Guidelines support topical non-steroidal anti-inflammatory medications (NSAIDs) for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. When noting the claimant's diagnosis of status post total knee replacement, and no documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, this request is deemed not medically necessary.

**Retro Medications Melox 15 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Medication Page(s): 72.

**Decision rationale:** Melox or Meloxicam is non-steroidal anti-inflammatory medication for the relief of signs and symptoms of osteoarthritis. This medication is recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain. This medication is also known as a Cox-2 inhibitor, which may be considered if the patient has risk gastrointestinal (G.I.) complications, not the majority patients. Generic non-steroidal anti-inflammatory medications (NSAIDs) have similar efficacy and risks when used for less than three months, but have a 10-to-1 difference in cost. After reviewing, the medical records provided there was no documentation of intolerance to first line non-steroidal anti-inflammatory medications (NSAIDs), or G.I. complications. Therefore, this request is deemed not medically necessary.