

<b>Case Number:</b>	CM14-0039335		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

47 year old female claimant with industrial injury dated 02/19/13. Prior surgery list dated 01/13/14 includes a left knee arthroscopy with partial medial meniscectomy, partial synovectomy, and removal of loose bodies. Exam note 03/12/14 states patient returns with a chief complaint of left knee pain that is locking when walking. Physical exam states that patient has a limited range of motion and notes there is medial tenderness surrounding the left knee along with a limping ambulation. Exam note 03/12/14 continues to demonstrate patient is regaining strength from attending physical therapy sessions. A request has been submitted for additional physical therapy sessions to be approved along with a request for theraflex cream and Keratek gel. Prior peer review from 3/21/14 demonstrates claimant has completed 20 postoperative physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-operative Physical Therapy (PT) to the left knee, 3 x per week for 4 weeks:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s):  
25.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines Derangement of Meniscus page 25, states, Postsurgical treatment: 12 visits over 12 weeks\*Postsurgical physical medicine treatment period: 4 months. As the claimant has completed 20 visits already the maximum number of visits have been exceeded. There is insufficient medical rationale why the patient cannot be placed on a home-based program. Therefore the determination for additional physical therapy visits is not medically necessary.

**Pharmacy purchase of Theraflex cream, 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG Guidelines - compound topical analgesic creams.

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

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, pages 111-112Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the determination is for not medically necessary.

**Pharmacy purchase of Keratek gel, 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation ODG Guidelines - compound topical analgesic creams.

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

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the determination is for not medically necessary.