

Case Number:	CM14-0040730		
Date Assigned:	06/27/2014	Date of Injury:	04/13/2011
Decision Date:	08/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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, and is licensed to practice in Nevada. 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 28 year-old female who was injured on April 13, 2011. The mechanism of injury is not listed in the records for review. The most recent progress note dated June 6, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated tenderness over the lateral joint line of the left knee and over the patellar tendon. There was no swelling, however there was some crepitus with range of motion. Diagnostic imaging studies were not reviewed. Previous treatment includes left knee arthroscopy, chondroplasty, physical therapy, multiple medications and orthopedic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: 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 Page(s): 111-113.

Decision rationale: When considering the date of injury, the injury sustained, the surgical intervention completed and the findings on physical examination, tempered by the parameters outlined in the California MTUS, the efficacy of such topical non-steroidal's has not been

demonstrated in either clinical trials or in the previous progress notes. Therefore, the medical necessity of this preparation has not been established.

Naprosyn 550 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Non-steriodal anti-inflammatory agents Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: The records reflect that this individual has a long history of three changes of the knee. A chondroplasty, arthroscopy with debridement, and other measures have been attempted to address this process. However, there is no noted efficacy or utility with the medication assigned. This is a non-steroidal anti-inflammatory preparation and would normally be indicated; however, given the failure to America symptomology there is no clinical indication to establish the ongoing medical necessity for this preparation. As such, based on the limited clinical information presented for review, this is not medically necessary.