

Case Number:	CM14-0067031		
Date Assigned:	07/11/2014	Date of Injury:	05/04/2012
Decision Date:	08/13/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 52-year-old male who was reportedly injured on May 4, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 4, 2014, indicated that there were ongoing complaints of knee pain. The physical examination demonstrated a limited range of motion. Diagnostic imaging studies objectified a medial meniscus tear of the left knee. Previous treatment included knee surgery dating back to April 18, 2014, postoperative physical therapy; however, the injured employee was discharged for failure to follow up with multiple consecutive appointments. A request had been made for a topical preparation and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek Gel, 4 oz.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 OF 127.

Decision rationale: When noting the injury sustained, the surgical intervention completed, and the most recent physical examination presented for review, there is no clinical indication for a

topical preparation. Furthermore, as outlined in the California Medical Treatment Utilization Schedule, these are "largely primitive" and that any medication with a component not indicated makes the entire preparation not medically necessary.