

Case Number:	CM14-0072614		
Date Assigned:	07/16/2014	Date of Injury:	05/23/2011
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/20/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 54 year old female who sustained an industrial injury on 5/23/11 from a slip and fall resulting in neck, back, right shoulder, and right knee pain. She fell again on 12/15/11 resulting in a nondisplaced left humerus fracture and right thumb ligament sprain. Her shoulder was treated conservatively and she underwent a gamekeeper's procedure for her thumb on 6/5/12. Treatment has included physical therapy, aquatic therapy, medications, history of arthroscopy of right knee in 2007 and left in 2008, synvisc injections x 3 bilateral knees. She was declared permanent and stationary on 7/7/13 and maximum medical improvement on 6/13/14. On 3/19/14 a PR2 notes objective findings of tenderness medial and lateral lines as well as peripatellar, patellofemoral crepitus and grind, range of motion on right 0-129, left 0-130. Handwritten PR2 of 4/30/14 notes right knee improvement, flexion 129, left 130, negative laxity, positive patellofemoral crepitus and grind. Right knee x-ray is reported to show 0mm joint spaces lateral compartment. X-ray of right thumb 2011 showed soft tissue swelling, no fracture; magnetic resonance imaging of bilateral hips was normal. Her diagnosis is bilateral knee sprain, osteoarthritis, history of arthroscopy 2007, 2008 right and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac 1.3% Topical G #100 DOS:01/29/2014: Upheld

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

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

Decision rationale: The information provided does not establish the medical necessity per the medical treatment guidelines. The medical information provided does not reflect contraindication or oral use of non steroidal anti-inflammatory drugs or oral diclofenac. The medical treatment guidelines do not support the use of topical medications as a first line treatment unless there are contraindications to oral use. While diclofenac can be utilized for treatment of knee osteoarthritis, there is insufficient information to substantiate use of the topical form of this medication.