

Case Number:	CM14-0076587		
Date Assigned:	07/18/2014	Date of Injury:	04/18/2002
Decision Date:	08/29/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 injured worker is a 53-year-old female with a 4/18/02 date of injury. A progress note dated 3/17/14 described complaints of low back pain rated 9/10 and right knee pain rated 7//10. The use of ibuprofen reduces pain levels from 9/10 to 6/10, according to documentation. Clinically, the exam revealed decreased lumbar ranges of motion, tenderness in the paraspinal muscles, and a positive Kemp's test bilaterally. In the left knee, there was 110 degrees of flexion and 5 degrees extension; medial and lateral joint line tenderness; positive valgus and varus stress test; positive patellofemoral grind on the right; and decreased quadriceps strength, 4/5, on the right. The progress note dated 4/23/2014 described tenderness in the left medial epicondylar area. The assessment was left medial epicondylitis, and physical therapy (PT) was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks to the lumbar spine and right knee:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004), Pain, Suffering, and the Restoration of Function Chapter.

Decision rationale: Additional physical therapy (PT) obtained an adverse determination on utilization review, as there was no documentation of improvement from previously-rendered PT. There were no specific changes noted upon physical examination that would indicate the need for additional PT instead of continuing with a home exercise program. The California MTUS requires documentation from previously-rendered treatment, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting established goals. This has not been adequately addressed for this patient, and so the request for additional PT is not supported as medically necessary or appropriate.

Kera Tek gel 4 oz: 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 based on Non-MTUS Citation online Drug Facts resource, <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>.

Decision rationale: Regarding the KeraTek gel, this is topical methyl salicylate. California MTUS guidelines state that topical salicylates are significantly better than placebo in chronic pain. Although guidelines support the use of generic forms of topical salicylates, it is not clear why an over the counter formulation has not been requested. It has not been established that there is any necessity for this specific brand name. Therefore, this request is not supported as medically necessary or appropriate.