MAXIMUS Federal Services

Case Number:	CM14-0076772		
Date Assigned:	07/18/2014	Date of Injury:	08/04/2011
Decision Date:	09/22/2014	UR Denial Date:	05/12/2014
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 Occupational 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier total knee arthroplasty; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for 12 sessions of physical therapy and denied a request for topical Terocin. The applicant was described as status post total knee arthroplasty on March 3, 2014. The claims administrator stated that the applicant had received authorization for 12 sessions of physical therapy on April 18, 2014 and that the applicant was yet to complete those treatments before additional physical therapy was requested.The applicant's attorney subsequently appealed.In a medical-legal evaluation dated June 18, 2014, the applicant was described as having described as having persistent complaints of hip, low back, bilateral knee, bilateral shoulder pain. The applicant was using a cane. Work restrictions were endorsed, along with a 30% whole-person impairment rating.On April 18, 2014, the applicant reported persistent complaints of knee pain. Swelling about the knee was noted. The applicant was asked to obtain physical therapy, employ an anti-inflammatory cream, and follow up in six weeks. 0 to 100 degrees of knee range of motion was noted. The applicant's work status was not furnished.On May 16, 2014, the applicant was placed off of work, on total temporary disability. Persistent complaints of knee pain were noted. The applicant had a knee sprain/hematoma aspirated. Celebrex was endorsed.The applicant did receive some physical therapy through home-based visits in March 2014, it was incidentally noted.The remainder of the file was surveyed. It was not clearly stated how much outpatient physical therapy the applicant had had following the total knee arthroplasty procedure on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Postoperative Physical Therapy 2 times weekly for 6 weeks right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.3.c.4, applicants should be re-evaluated following continuation of therapy when necessary to document functional improvement so as to justify continuing physical medicine treatment. In this case, it did not appear that the applicant had completed the 12 prior sessions of physical therapy which had previously been authorized. Neither the attending provider nor the treating therapist specifically outlined how successful the previous physical therapy was and/or how many of the 12 previous sessions the applicant had completed as of the date additional physical therapy was requested, April 28, 2014. The fact that the applicant remained off of work, however, and underwent a hematoma aspiration did, however, suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy. For all of the stated reasons, then, the request for 12 additional sessions of physical therapy is not medically necessary.

Terocin 240ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Terocin. No rationale for selection and/or ongoing usage of Terocin was proffered. Therefore, the request is not medically necessary.