

Case Number:	CM14-0089647		
Date Assigned:	07/23/2014	Date of Injury:	04/10/2013
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 year-old female with a 4/10/13 date of injury. According to the 5/7/14 psychiatry report from [REDACTED], the patient presents with 7-8/10 left knee pain and it radiates from the buttocks to the knees. She has difficulty walking at times and limits activity due to fear of reinjury. The diagnoses includes left knee contusion; left knee pain and s/p left knee arthroscopic surgery. [REDACTED] requested additional PT 2x4 and use of Menthoderm ointment. The records show the patient had a left knee partial medial menisectomy on 8/27/13 by [REDACTED]. [REDACTED] on his 11/22/13 report states the patient had 24 sessions of postsurgical PT but remains symptomatic. On 6/2/14 UR notes the patient had 64 sessions of PT authorized, and recommended non-certification for the request for additional PT 2x4; and recommended against use of menthoderm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 time per week for 4 weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9 OF 127.

Decision rationale: This is 55 year-old, 5'6", 170 lbs, female who injured her left knee on 4/10/13 and underwent left knee arthroscopic partial meniscectomy on 8/27/13. She has had extensive PT throughout the 6-month postsurgical physical medicine treatment timeframe. The postsurgical physical medicine treatment period ended on 2/27/14. The MTUS chronic pain medical treatment guidelines apply after 2/27/14. The UR letter states 64 sessions of PT have been approved. The records show 9 sessions of PT from 2/20/14 to 5/19/14, without obvious functional improvement. The patient had 3 sessions of PT from 3/5/14 though 5/7/14 when request was made for an additional 8 sessions. MTUS chronic pain guidelines recommends 8-10 sessions of PT for various myalgias or neuralgias. The request for 8 sessions of PT when combined with the prior 3 sessions of PT will exceed the MTUS guidelines. The current PT reports do not document functional improvement, and the 11/22/13 report from [REDACTED], stated that after 24 sessions of postsurgical PT, there was no benefit. The 8 sessions of PT combined with the prior PT will exceed the MTUS total recommendations, and MTUS does not recommend continuing PT without documentation of functional improvement. Recommend non-certification of additional PT.

Methoderm ointment (methyl salicylate 15%, menthol 10%) 120gm #1 no refills (prescribed 05/07/14): 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): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <ODG,low back chapter on Biofreeze.

Decision rationale: This is 55 year-old, 5'6", 170 lbs, female who injured her left knee on 4/10/13 and underwent left knee arthroscopic partial meniscectomy on 8/27/13. According to the 5/7/14 physiatry report from [REDACTED], the patient presents with 7-8/10 left knee pain and it radiates from the buttocks to the knees. She has difficulty walking at times and limits activity due to fear of reinjury. The request presented to IMR is for use of Methoderm ointment (methyl salicylate 15%, menthol 10%). Methoderm gel contains Methyl salicylate 15.00% and Menthol 10.00%. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS has support for methyl salicylate under the Topical Salicylate section, but does not specifically discuss menthol. ODG guidelines were consulted. ODG guidelines state the active ingredient in Biofreeze is menthol, and that it is recommended for acute pain and takes the place of an ice pack for cryotherapy. In this case, the patient is not in the acute phase, and the use of menthol for a chronic condition is not in accordance with the ODG recommendations. Menthol would not be recommended for a chronic condition, so the whole compounded product that contains Menthol, is not recommended.