MAXIMUS Federal Services

Case Number:	CM14-0090556		
Date Assigned:	07/23/2014	Date of Injury:	07/12/2012
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 Illinois. 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 40-year-old female who reported an injury on 07/12/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 05/01/2014 indicated diagnoses of status post hardware removal of the right tibia. The injured worker reported decreased pain; however, she reported there was a soft mass anterior to her anterior proximal leg. On physical examination, the right knee had mild laxity with anterior drawer. There was a mass anterior proximal to the anterior proximal knee about a centimeter and the mass was soft and mobile. The injured worker's treatment plan included an MRI of the right knee, continued physical therapy for strengthening, and anti-inflammatory cream. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Terocin. The provider submitted a request for additional physical therapy, MRI of the right knee, and Terocin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for Additional Physical Therapy 2 x 6 is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as how many sessions have already been completed to include the efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the request did not indicate a body part for the physical therapy. Therefore, the request for additional physical therapy 2 x 6 is not medically necessary.

MRI- Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI- Right Knee is not medically necessary. The California MTUS/ACOEM Guidelines recommend a diagnostic MRI after a period of conservative care and observation. There is a lack of focal deficits in the documentation submitted. In addition, the documentation submitted did not indicate the injured worker had an acute trauma to the knee. Moreover, there is lack of documentation provided of exhaustion of conservative therapy such as NSAIDs and physical therapy. Therefore, the request for MRI-right knee is not medically necessary.

Terocin 120ml, Capsaicin 0.0.25%, Methyl salicylate 25%, Menthol 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page 112.

Decision rationale: The request for Terocin 120 ml, Capsaicin 0.0.25%, Methyl salicylate 25%, Menthol 10% is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025%

formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. It was not indicated if the injured worker had tried and failed antidepressants (and/or?) anticonvulsants. In addition, it was not indicated if the injured worker was intolerant to other treatments. Moreover, the documentation submitted did not indicate the injured worker had findings that would support that she was at risk for postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain. Additionally, the request did not indicate a dosage, frequency, or quantity. Therefore, the request for Terocin 120 ml, Capsaicin 0.0.25%, Methyl salicylate 25%, Menthol 10% is not medically necessary.