

Case Number:	CM14-0091674		
Date Assigned:	07/25/2014	Date of Injury:	08/28/2012
Decision Date:	09/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 37-year-old male who was injured on 08/28/2012. The mechanism of injury is unknown. The patient underwent an arthroscopic partial synovectomy, plica excision, and arthroscopic chondroplasty of the medial femoral condyle on 05/16/2014. The progress report dated 04/14/2014 states the patient presented for follow-up. On exam, there is some mild ecchymosis. He has a small to moderate effusion. His neuro exam is intact bilaterally. He has full extension and about 70 degrees of flexion. He is diagnosed with left knee status post arthroscopic chondroplasty of the medial femoral condyle, excision of medial parapatellar pathologic plica and partial synovectomy. The plan is formal physical therapy and home exercise program. There is a formal request noted on RFA dated 04/14/2014 for the treatment and medications listed below. Prior utilization review dated 05/27/2014 states the request for chiropractic treatment 2 times per week for 4 weeks is not supported as medically necessary; and Tramadol, Gabapentin 10%, Menthol 2%, Camphor 2%, (QTY: 240gm) apply thin layer to the affected area twice daily is also denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Manipulation.

Decision rationale: There is limited clinical information as to the reason for this request. Furthermore, chiropractic manipulations are not recommended for knee per guidelines. There are no studies showing that manipulation is proven effective for patients with knee and leg complaints. Additionally, there is no history of prior physical therapy and chiropractic treatments after surgery. Therefore, the request is not medically necessary due to lack of documentation and per guidelines.

Tramadol, Gabapentin 10%, Menthol 2%, Camphor 2%, (QTY: 240gm) apply thin layer to the affected area twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents, as they are largely experimental. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, Gabapentin and Tramadol are not recommended for topical application. There is no peer-reviewed literature to support use. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.