

Case Number:	CM14-0091703		
Date Assigned:	07/25/2014	Date of Injury:	09/03/1985
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
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 Nevada. 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 records, presented for review, indicate that this 67 year old female was reportedly injured on September 3, 1985. The mechanism of injury was stated to be repetitive trauma. The most recent progress note, dated May 9, 2014, indicated that there were ongoing complaints of left knee pain at the patella. The physical examination demonstrated ambulation with the assistance of a walker. There was no warmth or erythema of the left knee and range of motion was from 0 degree to 100 degrees. There was an indentation at the superior lateral corner of the patella injuring 2 centimeter by 2 centimeter. There was no evidence of left knee ligamentous laxity. Diagnostic imaging studies of the left knee revealing unarticulated total knee prosthesis with components in good position and no evidence of osteolysis. Previous treatment included a left knee total knee arthroplasty and a custom made left foot orthotic. A request was made for Flurbiprofen 10%/Baclofen 2%/Cyclobenzaprine 2%/Lidocaine 5 %/Gabapentin 6 %/Ketamine 10%, custom made left foot orthotic, and a custom made knee support was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/ Baclofen 2%/ Cyclobenzaprine 2%/ Lidocaine 5%/ Gabapentin 6%/ Ketamine 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer reviewed evidence based medicine to indicate that any other compounded ingredients have any efficacy. As such, the request is not medically necessary.

DME: Left Foot Orthotics - custom made medial arch support: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotic Devices.

Decision rationale: According to the Official Disability Guidelines, orthotic devices are recommended only for plantar fasciitis or foot pain due to rheumatoid arthritis. As the injured employee has not been diagnosed with either of these conditions, this request for a left foot orthotic with a custom made medial arch support is not medically necessary.

DME: Custom Made Knee Support: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee Brace.

Decision rationale: According to the Official Disability Guidelines, a knee brace is only indicated for conditions of instability, ligamentous insufficiency, reconstruction of the ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unique compartment arthritis, or a tibial plateau fracture. Although the injured employee has had a previous left knee total arthroplasty, there was no tenderness noted on physical examination and radiographs of the left knee were normal. Considering this, this request for a custom made knee support is not medically necessary.