

Case Number:	CM14-0185306		
Date Assigned:	12/15/2014	Date of Injury:	10/24/2013
Decision Date:	02/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 63 year old female who was injured on 10/24/2013. She was diagnosed with lumbar sprain, lumbar radiculopathy, lumbar osteoarthritis, and knee osteoarthritis. She was treated with medication, knee injections, and physical therapy. She was treated with surgery of her knees many years prior to this injury. The most recent progress note near the time of this request that was included in the documents provided for review was from 3/25/2014, many months prior with no records providing any information about the MMC lotion request. On 3/25/14, the worker was seen by her treating provider when she reported left knee pain rated 8/10 and the use of a cane for support. She was then recommended aquatic therapy, and continuation of her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MMC lotion 120ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS does not address "MMC lotion" and nor does any other guideline available. Also, it is unclear as to what product this is referring to since it appears to be

an acronym and the full name of the product and ingredients is not provided, which would be required before a medical necessity review can be completed. Also, there is no background information about this product and request provided in the notes available to the review which might have helped. Without any information about this product and the provider's intended use of it, it will be considered medically unnecessary.