

Case Number:	CM14-0188712		
Date Assigned:	11/19/2014	Date of Injury:	09/19/2009
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgeon and is licensed to practice in Minnesota. 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 43 year old female with a history of partial left knee replacement of the patellofemoral joint in February 2012. Unfortunately this did not relieve her pain. She had also failed other prior left knee surgeries before the patellofemoral replacement. An arthroscopic procedure was authorized and performed on 7/18/2014. This revealed evidence of oversized components but there was no infection or loosening. There was scarring in the patellofemoral area which was extensively debrided. Grade 2 and 3 chondromalacia was noted in the medial compartment. A lateral meniscal tear was also present. The chondromalacia was shaved and a partial lateral meniscectomy performed. Post-operatively 12 physical therapy sessions were authorized by a prior IMR following a UR certification of 6 sessions. The notes from 8/26/2014 indicate a pain level of 3/10. Range of motion was 0-125/130 degrees in both knees. Gait was normal. Patellofemoral crepitus and patellar tenderness was present in the left knee. The injured worker was still on temporary total disability at that time. The disputed issue pertains to a request for Flector patches # 30 and 8 sessions of physical therapy. Both requests were non-certified by Utilization Review. Flector is a topical NSAID (Diclofenac) which is not recommended as a first line treatment for osteoarthritis. Its efficacy goes down after 2 weeks and long term use is not recommended. There was no documentation of continuing objective functional improvement and so additional physical therapy was not certified. The denials have been appealed to this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flector patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID's. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector Patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 111.

Decision rationale: California MTUS chronic pain guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Flector patches contain topical Diclofenac, an NSAID. The guidelines do not recommend long term use of NSAIDs particularly in mild to moderate pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The documentation indicates a pain level of 3/10 which seems appropriate for this indication per guidelines. Although topical NSAIDs are superior to placebo, the effect seems to diminish over time. Based on the guidelines the request for Flector patches # 30 is not medically necessary.

8 sessions of post-operative physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25; 10-11.

Decision rationale: The California MTUS postsurgical treatment guidelines recommend 12 visits over 12 weeks for meniscectomy and shaving of chondromalacia. The post-surgical physical medicine treatment period is 6 months for meniscectomy and 4 months for chondromalacia. The initial course of therapy is one half of these visits (6) and with documentation of objective functional improvement a subsequent course of therapy of another 6 visits may be prescribed. Additional therapy after the 12 visits can only be prescribed if it is determined that additional functional improvement is likely but not beyond the 6 months from the date of surgery. The documentation indicates 12 visits were approved per last IMR. The range of motion is similar to the right knee and strength is 5/5. Gait is normal. There is no indication why a home exercise program will not be adequate. There is no documentation of continuing further objective functional improvement. Based on guidelines the request for 8 additional sessions of physical therapy was not supported and as such, is not medically necessary.