

<b>Case Number:</b>	CM14-0198184		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/03/2002
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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 58 year old female with an injury date of 04/03/02. Based on the progress report dated 10/21/14, the patient is status post reversal right TKA on 04/21/14 and complains of pain in bilateral knees, left worse than right. She also presents with significant low back pain. The pain increases with walking, and the patient is limping. In progress report dated 09/05/14, the patient reports constant, intermittently sharp right knee pain along with low back pain. As per progress report dated 11/06/14, the knee pain is rated at 5/10. Medications, as per progress report dated 10/21/14, include Neurontin, Mobic, Tramadol, Voltaren patch, and Flector patch. The patient uses a cane for ambulation. The patient was determined as totally temporarily disabled, as per progress report dated 10/21/14. Physical therapy report dated 11/06/14, states that the patient is currently not working. Diagnoses, 10/21/14:- Reversal Right TKA on 04/21/14- Right MUA, knee arthrotomy with lysis of adhesions on 12/18/12- Right knee BOB LC- Right knee TKA with mid fl laxity. The provider is requesting for (a) twelve sessions of physical therapy (to include water therapy) (b) Flector patch 1.3% thirty count (c) one prescription for Voltaren gel 1% with two refills (d) 1 heel sole lift. The utilization review determination being challenged is dated 11/12/14. The rationale follows: (a) Twelve sessions of physical therapy (to include water therapy) - "The patient is not extremely obese." Additionally, the patient has tolerated traditional physical therapy without "pain or difficulty."(b) Flector patches 1.3% #30 - "Guidelines do not support the use of Flector patch beyond 2 weeks."(c) One prescription for Voltaren gel 1% with two refills - The patient has history of hypertension, GI symptoms, and cardiovascular risks, and multiple NSAIDs "May pose a potential risk for the patient."(d) 1 heel sole lift - "There is no documented evidence of leg length discrepancy."Treatment reports were provided from 01/04/13 - 12/03/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy (to include water therapy):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Guidelines, Knee; Aquatic Therapy Page(s): 24-25; 22.

**Decision rationale:** MTUS Guidelines, pages 24-25, recommend 24 visits of postsurgical treatment over 10 weeks for patients who have undergone knee arthroplasty. The postsurgical physical medicine treatment period is 4 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine."The reports are handwritten and not very legible. The patient underwent TKA on 04/21/14. She has received at 12 sessions of physical therapy as per physical therapy (PT) report dated 11/06/14. A review of reports indicates that the first post-surgery visit was dated 06/02/14. This was prior to the Request for Authorization date of 06/17/14, thereby indicating that the provider is requesting for 12 additional sessions. This falls within the 24 sessions range allowed by MTUS. Additionally, the patient is within the post-operative time frame. Although the progress reports do not present a diagnosis of obesity, she weighs 172 lbs. and has a BMI of 31.45 Kg/m<sup>2</sup>, as per progress report dated 04/15/14. She may, therefore, benefit from physical therapy that includes aquatic therapy. This request is medically necessary.

**Flector patch 1.3%, #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical NSAIDs Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Flector Patch.

**Decision rationale:** The patient is status post reversal right TKA on 04/21/14 and presents with pain in bilateral knees, left worse than right and significant low back pain, as per progress report dated 10/21/14. The request is for Flector patch 1.3% #30. The pain has been rated at 5/10, as per physical therapy report dated 11/06/14. Regarding topical NSAIDs, MTUS Topical Analgesics, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and

elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter 'Pain (Chronic)' and Topic 'Flector patch' state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks."The reports are handwritten and not very legible. This patient presents with significant left knee pain for which a topical NSAID is indicated. Progress reports do not indicate a prior use of Flector patches. It is first mentioned in progress report dated 10/21/14 and in the RFA letter dated 06/17/14. Although the provider does not state how this product may promote reduction in pain and improvement in function, an initial trial for short period of time appears reasonable at this stage, as per MTUS and ODG. This request is medically necessary.

**On prescription for Voltaren gel 1% with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient is status post reversal right TKA on 04/21/14 and presents with pain in bilateral knees, left worse than right and significant low back pain, as per progress report dated 10/21/14. The request is for one prescription for Voltaren gel 1% with two refills. The pain has been rated at 5/10, as per physical therapy report dated 11/06/14. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The reports are handwritten and not very legible. The gel is first mentioned in progress report dated 10/21/14 and RFA dated 06/17/14. The provider does not discuss how it will benefit the patient. The patient is status post TKA and suffers from severe pain in the peripheral knee joint and use of this topical may be indicated. But the patient is also prescribed Flector patch, which is similar to Voltaren gel except in a patch form. The request is not medically necessary.

**1 1/2"heel sole lift:** 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) 'Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Insole/Shoe Lifts

**Decision rationale:** The patient is status post reversal right TKA on 04/21/14 and presents with pain in bilateral knees, left worse than right and significant low back pain, as per progress report dated 10/21/14. The request is for 1 heel sole lift. The pain has been rated at 5/10, as per physical therapy report dated 11/06/14. ODG Guidelines, 'Low Back - Lumbar & Thoracic (Acute & Chronic)' chapter and topic 'Insole/shoe lifts', states insole/shoe lifts are "Recommended as an option for patients with a significant leg length discrepancy or who stand

for prolonged periods of time. Not recommended for prevention."The reports are handwritten and not very legible. The request for a heel lift appears in progress report dated 10/21/14. The provider, however, does not explain the purpose. There is no documentation of leg length discrepancy in the progress report. The patient is not working and may not have the need to stand for prolonged periods of time. This request is not medically necessary.