

Case Number:	CM14-0045894		
Date Assigned:	07/02/2014	Date of Injury:	06/17/2013
Decision Date:	01/23/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 42 year old patient with date of injury of 06/17/2013. Medical records indicate the patient is undergoing treatment for status post right knee arthroscopy with chondral debridement, left elbow contusion and strain. Subjective complaints include right knee pain rated 7-8/10 described as stabbing with "pins and needles" sensation and intermittent locking with palpable clicking. Objective findings include tenderness to medial aspect of right knee, positive patellar grinding, mild lateralization of patella with patella chondromalacia, mildly positive stress and joint line tenderness on varus-valgus stress test. Range of motion - flexion is 125 degrees and extension is 0. Treatment has consisted of physical therapy, surgery, water therapy, Exoten lotion and joint injections. The utilization review determination was rendered on 04/11/2014 recommending non-certification of physical therapy for the right knee 2 times 4, quantity: 8, acupuncture for the right knee 2 times 4, quantity: 8 and Exoten lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee 2 times 4, quantity: 8,: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Medical documentation provided indicates that this patient has been attending therapy. However, there is no indication of how many therapy sessions they have attended or objective findings of functional improvement due to the previous therapy sessions. As such, the request for physical therapy for the right knee 2 times 4, quantity: 8, is not medically necessary.

Acupuncture for the right knee 2 times 4, quantity: 8,: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Acupuncture

Decision rationale: MTUS state that "acupuncture is used as an option when pain medication is reduced or not tolerated, [and] it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." ODG states, "Recommended as an option for osteoarthritis, but benefits are limited." ODG further details the quantity:- Initial trial of 3-4 visits over 2 weeks- With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)Guidelines recommend a trial of 3-6 treatments with re-evaluation for functional improvement. The treating physician's request is in excess of the guideline recommendations. The previous reviewer modified request to acupuncture times 6 visits. As such, the request for Acupuncture for the right knee 2 times 4, quantity: 8, is not medically necessary.

Exoten lotion: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical analgesic Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

Decision rationale: Exoten-C lotion is a topical preparation that contains methyl salicylate, menthol, and capsaicin. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding topical Salicylate, MTUS states, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." ODG only comments on menthol in the context of cryotherapy for acute pain. MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." Medical documentation provided indicates that this patient is intolerant of oral medications due to only having one kidney. Additionally, ODG states "Topical OTC [over-the-counter] pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." The treating physician has documented that this patient is receiving adequate pain relief from Exoten. As such, the request for Exoten lotion is medically necessary.