

Case Number:	CM15-0009215		
Date Assigned:	01/27/2015	Date of Injury:	08/17/2005
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 08/17/2005. The mechanism of injury was not stated. The current diagnoses include plica syndrome and tear of the medial cartilage or meniscus of the knee. The only clinical documentation submitted for review is a primary treating physician's supplemental orthopedic re-evaluation dated 06/05/2006. It was noted that the injured worker underwent an operative arthroscopy with resection of the medial synovial plica and subtotal synovectomy of the right knee on 01/05/2006. Postoperatively, the injured worker was seen for an orthopedic re-evaluation. There was no physical examination provided on the requesting date. Future medical care would include orthopedic followups and pharmacologic intervention as determined by the treating physician. A Request for Authorization form was submitted on 12/23/2014 for a transdermal compounded cream and physical therapy twice per week for 4 weeks for the right knee. There was no physician progress report submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal cream: Flurbiprofen 15%/Lidocaine 5%/Baclofen 2%/ Cyclobenzaprine 2% - 240gm: Upheld

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

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Lidocaine has not been FDA approved in the form of a cream, a lotion, or a gel. Muscle relaxants are not recommended for topical use. Given the above, the request is not medically appropriate at this time.

Physical therapy 2 x 4 to right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no recent physical examination provided for this review. Therefore, there is no documentation of a significant musculoskeletal deficit. There is no documentation of a previous course of physical therapy with evidence of objective functional improvement. Given the above, the request is not medically appropriate.