

Case Number:	CM15-0104286		
Date Assigned:	06/08/2015	Date of Injury:	10/10/2014
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 47 year old male who sustained an industrial injury on 10/10/14. Initial complaints and diagnoses are not available. Treatments to date include medications and left knee medial meniscectomy, partial lateral meniscectomy, synovectomy and chondroplasty on 1/19/15. Diagnostic studies are not addressed. Current complaints include left knee pain. Current diagnoses include osteoarthritis of the left knee, lumbar radiculopathy, and cervical spine strain. In a progress note dated 04/30/15 the treating provider reports the plan of care as physical therapy, consult with a hernia specialist, MRI of the lumbar spine, electrodiagnostic studies, and continue unspecified medicines and creams. The requested treatments include an unspecified transdermal cream and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Creams (no type or amount specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Transdermal Creams (no type or amount specified) are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Without clear indication of the specific components, strength, or quantity of creams as well as the body part for application of the creams this request is not medically necessary.

Physical Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Physical therapy 2 x 6 is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient has had 12 prior PT sessions for the left knee. The documentation does not reveal extenuating circumstances which would necessitate an additional 12 supervised therapy visits for this patient post meniscectomy as the MTUS recommends up to 12 visits of post operative therapy for this condition. Furthermore, it is unclear why the patient is unable to perform in independent home exercise program at this point which he should be compete tent in. Additionally, the request does not specify a body part for the physical therapy. For all of these reasons physical therapy 2 x 6 is not medically necessary.