

Case Number:	CM15-0105244		
Date Assigned:	06/09/2015	Date of Injury:	05/15/2013
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 5/15/13. He has reported initial complaints of right knee pain after waxing floors for hours at work. The diagnoses have included left knee pain rule out tear and right knee joint pain with history of surgery. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, bracing, injections, physical therapy and home exercise program (HEP). Currently, as per the physician first report of occupational injury dated 4/29/15, the injured worker complains of bilateral knee pain. The objective findings reveal that there is tenderness in the bilateral knee joints, patellar facets and joint lines. There are residuals status post- surgery of the right knee and left knee pain rule out meniscal tear and rule out chondromalacia. There is no previous diagnostic reports noted and no previous therapy sessions were noted. There were no current medications listed. The physician requested treatments included 1 container of Methoderm Cream, Magnetic Resonance Imaging (MRI) of the left knee and 18 physical therapy visits for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Methoderm Cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: The injured worker sustained a work related injury on 5/15/13. The medical records provided indicate the diagnosis of left knee pain rule out tear and right knee joint pain with history of surgery. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, bracing, injections, physical therapy and home exercise program (HEP). The medical records provided for review do not indicate a medical necessity for 1 container of Methoderm Cream. Methoderm cream is a topical analgesic containing methyl salicylate and menthol .The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The requested treatment is not recommended as it contains menthol.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The injured worker sustained a work related injury on 5/15/13. The medical records provided indicate the diagnosis of left knee pain rule out tear and right knee joint pain with history of surgery. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, bracing, injections, physical therapy and home exercise program (HEP).The medical records provided for review do not indicate a medical necessity for MRI of the left knee. The medical records indicate the injured part was the right knee, in 2013, but the request is for the left knee. The MTUS recommends against over reliance on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms.

18 physical therapy visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: The injured worker sustained a work related injury on 5/15/13. The medical records provided indicate the diagnosis of left knee pain rule out tear and right knee joint pain with history of surgery. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, bracing, injections, physical therapy and home exercise program (HEP). The medical records provided for review do not indicate a medical necessity for 18 physical therapy visits for the left knee. The medical records indicate the injury was to the right knee, but the requested treatment is to the left knee. Furthermore, the MTUS does not recommend more than 10 physical therapy visits. The Chronic Pain physical Medicine guidelines states as follows, "Physical Medicine 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks"