

Case Number:	CM15-0105420		
Date Assigned:	06/09/2015	Date of Injury:	04/14/2015
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
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: New York
 Certification(s)/Specialty: Anesthesiology

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 63 year old male sustained an industrial injury to the left knee and right forearm after a fall on 4/14/15. Treatment included x-rays to the left knee and right forearm and medications. Documentation did not disclose the x-ray results. In a Doctor's First Report of Occupational Injury dated 4/29/15, the injured worker complained of pain to the left knee and right forearm. Physical exam was remarkable for tenderness to palpation to the left knee joint line and right forearm. The injured worker was diagnosed with rule out left knee chondromalacia and right arm/forearm pain. The injured worker was working regular duty. The treatment plan included physical therapy, left forearm magnetic resonance imaging and medications (Naproxen Sodium, Prilosec and Mentherm cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Mentherm cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Methoderm cream contains methyl salicylate and menthol. There is no peer-reviewed literature to support its use. This has the same formulation as over-the-counter products such as, BenGay. It is also clear that the patient is able to use oral medications and there is no rationale provided for the use of topical cream. Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.

X-rays for the right forearm and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography of the forearm and knee.

Decision rationale: Forearm, hand, and wrist complaints can then be classified into one of four working categories: Potentially serious forearm, hand, or wrist condition: fracture, acute dislocation, infection, neurovascular compromise or injury, or tumor, in rare cases; mechanical disorders: derangements of the forearm, hand, or wrist related to acute trauma, such as ligament or tendon strain; degenerative disorders: resulting from aging or repetitive use, or a combination thereof, such as arthritis, tendinitis, or tenosynovitis; and nonspecific disorders: occurring in the hand or wrist and suggesting neither internal derangement nor referred pain. For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. In this case there is no indication that the patient has a fracture. In addition, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma include a joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk (4 steps) or bear weight immediately or within a week of the trauma, and/or inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. In this case there is no indication that the patient has a fracture. Medical necessity for the requested items have not been established. The requested items are not medically necessary.

MRI without contrast for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there are no significant physical exam findings consistent with instability or internal ligament derangement. In addition, there was full range of motion, and no evidence of effusion. Medical necessity for the requested MRI of the left knee has not been established. The requested study is not medically necessary.

FCE (Functional capacity evaluation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 132-139, Official Disability Guidelines (ODG), Fitness for duty chapter - FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE Page(s): 48.

Decision rationale: The CA MTUS states that a functional capacity evaluation (FCE) is recommended under certain specific circumstances. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions and or activities of daily living, self-report of disability, objective measures of the patient's functional performance and physical impairments. The guidelines necessitate documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reports on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities and clarification of all additional/secondary conditions in order to recommend an FCE. In this case, there is no documentation that any of the above conditions are present, which would be require the completion of an FCE. There are no specific indications for an FCE. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Initial Physical therapy two times a week for six weeks for the right forearm and left knee Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM pain, suffering and the restoration of function chapter 6 page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. In this case the requested physical therapy sessions (2 times per week x 6 weeks for the right forearm and left knee) exceed the MTUS and ODG guidelines. Medical necessity for PT visits requested has not been established. The requested services are not medically necessary.