

Case Number:	CM15-0108413		
Date Assigned:	06/15/2015	Date of Injury:	05/02/2005
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

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

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 62 year old male, who sustained an industrial injury on 5/2/05. The diagnosis included patellar tendonitis status post left total knee arthroplasty. The only treatment listed is bilateral knee surgery. Currently, as per the physician progress note dated 5/7/15, the injured worker complains of left knee pain with dull, achy pain around the knee cap and worse with getting up from a sitting position. He reports feeling pain at the inferior pole of the patella with every step. He has not taken any medications. The physical exam reveals tenderness at the inferior pole of the patella along the patellar tendon, and not so much in the quadriceps tendon area. The remaining exam is unremarkable. There is no diagnostic testing noted in the records. The physician recommended outpatient physical therapy, Mobic and Voltaren topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Voltaren cream: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 131-132.

Decision rationale: The claimant sustained a work injury and May 2005 and continues to be treated for left knee pain. When seen, there was patellar tenderness. Mobic, and oral NSAID and topical diclofenac (Voltaren gel) were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral meloxicam (Mobic) was also prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.