

Case Number:	CM15-0133129		
Date Assigned:	07/21/2015	Date of Injury:	04/27/2011
Decision Date:	08/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii
 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 53-year-old female, who sustained an industrial injury on April 27, 2011. Treatment to date has included diagnostic imaging, left knee arthroscopic partial medial meniscectomy, subtotal lateral meniscectomy, chondroplasty of all three compartments, ACL and PCL partial debridement. Currently, the injured worker complains of persistent left knee pain. She rates her pain a 6 on a 10-point scale and notes the pain radiates to the left leg. She reports pressure-like pain at the posterior aspect of the left knee. The injured worker reports that her pain is aggravated with walking and standing and that she also has stabbing and sharp shooting pain. On physical examination, the injured worker exhibits an antalgic gait on the left and has tenderness to palpation over the left knee joint line. Her left knee flexion is 90 degrees and is associated with pain. She has 4/5 strength with left knee flexion and extension. The diagnoses associated with the request include left knee pain, status post left knee arthroscopic partial medial meniscectomy, status post subtotal left lateral meniscectomy and chondroplasty, low back pain and lumbar facet pain. The treatment plan includes Nortriptyline, Voltaren gel, six to eight sessions of physical therapy for the left knee range of motion and strengthening exercises and left knee slip-on brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% apply to skin QID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Voltaren gel 1% apply to skin QID. The treating physician states in the report dated 4/21/15, "Prescription: voltaren gel 1% apply to skin q.i.d." (8B) The MTUS Guidelines are specific that topical NSIADS are for, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the treating physician has documented that the patient has arthritic knee pain and muscle weakness and the MTUS guidelines support the use of Voltaren gel for peripheral joint arthritic pain. The current request is medically necessary.

Physical therapy 6-8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Physical therapy 6-8 sessions. The treating physician states in the report dated 4/21/15, "I am requesting authorization for six to eight sessions of physical therapy for left knee range of motion and strengthening exercises." (8B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, in the records provided for review, it does not appear that this patient has had prior physical therapy treatment and MTUS supports physical therapy for myalgia and neuritis type conditions. The current request is medically necessary.

Slip on brace for left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg chapter, Knee Brace.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Slip on brace for left knee. The treating physician states in the report dated 4/21/15, "I am requesting authorization for left knee slip on brace for support and pain." (8B) The ODG guidelines support the use of a knee brace if the patient has knee instability. In this case, the

treating physician has documented that the patient is currently experiencing knee instability and pain with range of motion in the left knee. The current request is medically necessary.