

Case Number:	CM15-0136760		
Date Assigned:	07/24/2015	Date of Injury:	05/08/2013
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 a work related injury May 8, 2013. He slipped on water, his legs went out from under him, causing him to twist and strike his knees, injuring his mid back. An MRI of the left knee, dated June 25, 2013, revealed a full thickness horizontal tear of the body of the posterior horn of the lateral meniscus and tear of the body and posterior horn of the medial meniscus with moderate effusion. Past history included left knee partial, medial, and lateral meniscectomy for grade 2 chondromalacia of the patella and a larger chondral defect of the medial femoral condyle, right knee surgery performed February 4, 2014 for medial meniscus maceration and lateral meniscus tear with chondromalacia patella (MRI October 8, 2013). According to a primary treating physician's orthopedic evaluation, dated June 3, 2015, the injured worker presented with bilateral knee pain and left sided upper back pain. He has undergone Orthovisc injections; 3 or 4 to date. He reports moderate to severe right knee pain and loss of range of motion to the right knee. The left knee is less involved and less painful. He also has upper back pain to the left of midline in the periscapular area with pain radiating to the anterior chest area. Physical examination of the thoracic spine revealed tenderness in the periscapular area with full range of motion in both shoulders. A right knee examination revealed he lacks 10 to 15 degrees of full extension and further flexes to 95 degrees. There is a 1+ effusion with moderate medial and lateral joint line tenderness with crepitation throughout range of motion. Left knee examination revealed full range of motion with slight crepitation and 1+ effusion. Diagnoses are status post bilateral knee arthroscopic surgeries; right knee moderate to severe arthritis; thoracic myofascial pain. At issue, is the request for authorization for a repeat

MRI of the right knee, physical therapy and retrospective Ketoprofen-Gabapentin-Bupivacaine-Cyclobenzaprine-Clonidine-Hyaluronic acid (date of service June 3, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of right knee: Upheld

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

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

Decision rationale: The claimant injured his knees in 2013 in an industrial accident. He underwent an MRI of the right knee on 10/08/13 which revealed severe osteoarthritis, chondromalacia patella, maceration of the medial meniscus and tears of the lateral meniscus. He underwent arthroscopic surgery of the right knee on 02/04/14 which has failed to relieve his symptoms. His symptoms have remained unchanged since before surgery and he is now being considered for a total knee replacement. A repeat MRI is thus not medically necessary due to the diagnosis already being established. Future treatment should be based on the patient's symptoms rather than additional imaging studies, particularly if he is a candidate for a total knee replacement. Therefore, the requested treatment is not medically necessary.

Physical therapy 3x4 for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: CA MTUS states that active physical therapy (PT) 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. In this patient there is no prior history available for PT of the thoracic spine. The request is for 12 sessions of PT, which exceeds the guidelines of 8-10 sessions over 8 weeks. Therefore the request is deemed not medically necessary or appropriate.

Retrospective Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic acid 2% 300 grams with 3 refills with a dos of 6/3/2015: Upheld

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

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental with few randomized controlled trials to determine safety or efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the request is for a compounded product containing Ketoprofen, Gabapentin, Bupivacaine, Baclofen, Cyclobenzaprine, Clonidine and Hyaluronic acid. Ketoprofen is not FDA-approved for topical use and has an extremely high incidence of photocontact dermatitis. Baclofen and Gabapentin are specifically not recommended for topical use. There is no evidence that muscle relaxants such as Cyclobenzaprine should be used. Therefore the medical necessity of this topical agent cannot be established.