

Case Number:	CM15-0160232		
Date Assigned:	08/26/2015	Date of Injury:	06/18/2011
Decision Date:	09/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Emergency 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 29 year old male who sustained an industrial injury on 06-18-2011. Mechanism of injury was a traumatic car accident. Diagnoses include pain in joint of the lower leg, psychogenic pain, therapeutic drug monitoring, long-term use of medications, and disorders of the sacrum. Comorbidities include asthma. Treatment to date has included diagnostic studies, medications, aqua therapy, physical therapy, and will transition to a home exercise program, use of a cane, arthroscopy meniscus surgery in 2011, and injections. Current medications include Morphine, Hydrocortisone cream, Nabumetone-Relafen, and Mirtazapine. On 07-07-2015 a Magnetic Resonance Imaging of the right knee showed there was a frayed lateral meniscal free edge. There was a 7mm chondral defect in the femoral trochlea. A urine drug screen done on 07-29-2015 was positive for cocaine. The injured worker stated he does not use cocaine. A physician progress note dated 07-29-2015 documents the injured worker has increased pain with weight bearing and ambulation. He complains of anxiety and irregularity in his sleeping patterns. His medications help with his pain. He has point tenderness in his posterior knee as well as increased tenderness on the lateral meniscus. Conservative measures will be continued. Treatment requested is for physical therapy x 6, and Hydrocortisone 1 % cream (date of service 7/29/2015) 30g tube #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6: 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: The requested Physical therapy x 6 is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has increased pain with weight bearing and ambulation. He complains of anxiety and irregularity in his sleeping patterns. His medications help with his pain. He has point tenderness in his posterior knee as well as increased tenderness on the lateral meniscus. Conservative measures will be continued. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy x 6 is not medically necessary.

Hydrocortisone 1 % cream (date of service 7/29/2015) 30g tube #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com/drugs/2/drug-10402/hydrocortisone-top/details.

Decision rationale: CA MTUS and ODG are silent on this issue. www.webmd.com/drugs/2/drug-10402/hydrocortisone-top/details recommends this topical steroidal cream for inflammatory skin conditions. The injured worker has increased pain with weight bearing and ambulation. He complains of anxiety and irregularity in his sleeping patterns. His medications help with his pain. He has point tenderness in his posterior knee as well as increased tenderness on the lateral meniscus. Conservative measures will be continued. The treating physician has not documented evidence of a dermatologic inflammatory condition, nor any functional improvement from any previous use. The criteria noted above not having been met, Hydrocortisone 1 % cream (date of service 7/29/2015) 30g tube #1 is not medically necessary.