MAXIMUS Federal Services

Case Number:	CM15-0167469		
Date Assigned:	09/08/2015	Date of Injury:	01/27/2013
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old female who sustained an injury on 1-27-13 resulted when she twisted her right knee teaching a Zumba class and experienced sharp pain. Treatment included physical therapy; cortisone injection on 3-21-13; patellar brace. Diagnostic tests included X-rays; MRI on 3-11-13 and 4-16-14 right knee. Knee arthroscopic medial and lateral menisectomy 11- 17-14 was performed. Voltaren 1% gel was prescribed on 1-22-15 to apply to the right knee as needed. Diagnoses include chondromalacia patellae; tear lateral meniscus knee; joint effusion left leg; joint pain, left leg. The evaluation from 5-26-15 reports she is 6 months status post right knee surgery and has right knee pain due to persistent patellofemoral syndrome. She has attended physical therapy and performing home exercises with good improvement. Her complaints are pain at the anterior aspect with swelling. Tylenol #3 with Codeine as needed with good relief and denies taking anti-inflammatory medication. She is working regular duties. Range of motion right knee flexion 140 degrees and 140 degrees left. Diagnoses include status post right knee arthroscopy with partial medial and lateral meniscectomies. On 8-10-15, examination reports that she has a new condition of left knee pain. Currently she presents with pain at the lateral aspect, swelling, ecchymosis and occasional catching. She denies weakness, instability and limited range of motion. She takes Tylenol with good relief and is working modified duties. Range of motion right knee flexion was 140 degrees and 120 degrees left knee. The X-rays of the left knee performed on 4-1-13 were reviewed and showed no fracture or dislocations, joint spaces are well maintained with no evident of osteoarthritis. The treatment plan included further diagnostic evaluations - MRI left knee; Voltaren 1% apply topically 4 x every day to affected areas. Current

requested treatments Voltaren 1 % gel apply topically 4 x day, no refill; MRI of the left knee; Patellar hinge brace for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 percent gel apply topically 4x/day, no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: This claimant was injured in 2013 with diagnoses of chondromalacia patellae; a tear of the lateral meniscus of the knee; joint effusion of the left leg; and joint pain of the left leg. As of May, she is 6 months status post right knee surgery and has right knee pain due to persistent patellofemoral syndrome. She has attended physical therapy and was performing home exercises with good improvement. Her complaints are still pain at the anterior aspect with swelling. Tylenol #3 with Codeine is taken as needed with good relief and the claimant denies taking anti-inflammatory medication. As of August, there is still left knee pain. The X-rays of the left knee performed on 4-1-13 were reviewed and showed no fracture or dislocations, joint spaces are well maintained with no evident of osteoarthritis. Per the MTUS, Voltaren Gel 1% (Diclofenac) is 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. It is not clear why this topical preparation is needed, given her tolerance to oral opiate medicine. The necessity is not supported in this case review. The request is appropriately non-certified, therefore is not medically necessary.

Magnetic Resonance Imaging (MRI) of the left knee: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee section, MRI.

Decision rationale: As shared previously, this claimant was injured in 2013 with diagnoses of chondromalacia patellae; tear lateral meniscus knee; joint effusion left leg; joint pain, left leg. As of May, she is 6 months status post right knee surgery and has right knee pain due to persistent patellofemoral syndrome. She has attended physical therapy and performing home exercises with good improvement. Her complaints are pain at the anterior aspect with swelling. Tylenol #3 with Codeine is taken as needed with good relief and the claimant denies taking anti-inflammatory medication. As of August, there is left knee pain. The X-rays of the left knee performed on 4-1-13 were reviewed and showed no fracture or dislocations, joint spaces are well maintained with no evident of osteoarthritis. The MTUS does not address repeat advanced imaging for chronic

knee pain situations. It is noted the original review cited ACOEM guides, which address acute, not chronic imaging issues. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. Given the plain x-rays were non-diagnostic, and there is post surgical internal derangement suspected, I would opine that this request should have been medically necessary.

Patellar hinge brace for the left 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): ACOEM, Knee, Page 340.

Decision rationale: This claimant was injured in 2013 with diagnoses of chondromalacia patellae; tear lateral meniscus knee; joint effusion left leg; joint pain, left leg. As of May, she is 6 months status post right knee surgery and has right knee pain due to persistent patellofemoral syndrome. She has attended physical therapy and performing home exercises with good improvement. Her complaints are pain at the anterior aspect with swelling. Tylenol #3 with Codeine is taken as needed with good relief and the claimant denies taking anti-inflammatory medication. As of August, there is left knee pain. The X-rays of the left knee performed on 4-1-13 were reviewed and showed no fracture or dislocations, joint spaces are well maintained with no evident of osteoarthritis. Page 340, ACOEM, Knee complaints notes: A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. It is not clear the claimant has these conditions, or these occupational needs. The guides further note that for the average patient, using a brace is usually unnecessary. There is nothing noted as to why this claimant would be exceptional from average and need a brace. The request is appropriately non certified, therefore is not medically necessary.