MAXIMUS Federal Services

Case Number:	CM15-0186031		
Date Assigned:	09/28/2015	Date of Injury:	03/12/2014
Decision Date:	11/10/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/21/2015

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, New York, 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 applicant is a represented 28-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 12, 2014. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve requests for Voltaren gel and a CT arthrogram of the knee. The claims administrator referenced an August 3, 2015 office visit and an associated RFA form of August 12, 2015 in its determination. The applicant's attorney subsequently appealed. On January 22, 2015, the applicant reported ongoing complaints of knee and leg pain, 3/10. Work restrictions were endorsed. The attending provider did not detail the applicant's medication list on this date. No seeming discussion of medication efficacy transpired. On a progress note dated July 1, 2015 and signed on August 3, 2015, the treating provider noted that the applicant had ongoing complaints of knee and ankle pain, constant, burning, and apparently severe. The applicant was using an ankle brace and knee brace to move about. The applicant exhibited a visibly antalgic gait. Limited knee range of motion was noted. The applicant was described as having issues with knee chondromalacia, ACL sprain, and possible meniscal derangement. Voltaren gel and CT arthrography of the knee were sought. The treating provider stated that CT arthrography of the knee was being sought for purposes of ruling out a posterior horn meniscal tear. The treating provider was a physiatrist, it was reported. Voltaren gel was endorsed. It was not clearly stated whether the request represented a first-time request or renewal request. On July 1, 2015, Voltaren gel and a CT arthrogram of the knee were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for Voltaren gel, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren is indicated in the treatment of knee arthritis, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was described as having persistent, burning, ripping, and severe knee and ankle pain present on the August 3, 2015 office at issue. No seeming discussion of medication efficacy transpired insofar as Voltaren gel was concerned. It did not appear that the applicant was working with restrictions imposed on this date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Voltaren gel. Therefore, the request was not medically necessary.

CT Arthrogram of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, MRI, MRA.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for CT arthrography of the knee was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated that the operating diagnosis present here was that of meniscus tear. However, the MTUS Guideline in ACOEM Chapter 13, Table 13-5, page 343 notes that CT imaging is scored at 0/4 in its ability to identify and define suspected meniscal tears, as was seemingly present here. The MTUS Guideline in ACOEM Chapter 13, page 343 also notes that MRI imaging is superior to the arthrography proposed here for both diagnosis and safety reasons. Here, again, the attending provider's August 3, 2015 progress note did not clearly state why CT arthrography had been sought in favor of more conventional MRI imaging. The treating provider, furthermore, did not state how (or if) the proposed CT arthrography would influence or alter the treatment plan. There was no mention, for instance, of the applicant's willingness to consider or contemplate any

kind of surgical intervention based on the outcome of the same. The fact that the requesting provider was a physiatrist (as opposed to a knee surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.