

Case Number:	CM15-0189337		
Date Assigned:	10/01/2015	Date of Injury:	09/21/2007
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 60-year-old male, who sustained an industrial injury on 9-21-2007. The injured worker is undergoing treatment for left knee pain. On 7-9-15, he is reported to walk without difficulty or perceptible limp. On 7-28-15, he reported left knee pain. He indicated he uses a crutch if he needs to go shopping. He reported he was able to perform activities of daily living which including dressing, and food preparation. Examination revealed increased weight bearing causing some mild increase in inflammation:, gait abnormality, hypomobile patella femoral joint, decreased left knee range of motion, decreased left lower extremity strength and inability to weight bear on the left lower extremity. On 8-11-15, he reported episodes of swelling to the left knee. Physical examination revealed "no evidence of radiculopathy, myelopathy or peripheral nerve motor or sensory deficits". The right knee has tenderness and positive McMurray's test. The left knee is noted to have mild to moderate effusion and mild tenderness and quadriceps atrophy. The treatment and diagnostic testing to date has included blood work (4-30-15), left knee surgery (5-5-15), physical therapy (multiple sessions), urine drug screen (6-4-15), urine drug screen (6-12-15), and home exercise program. Medications have included naproxen, Norflex, famotidine, Lunesta, benazepril. Current work status is total temporary disability. The request for authorization is for bilateral arch supports. The UR dated 8-28-2015: non-certified the request for bilateral arch supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral arch supports: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot/Orthotic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral arch supports are not medically necessary. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured worker's working diagnoses are left knee osteoarthritis; and status post left knee microfracture procedure of the medial femoral condyle. The date of injury is September 21, 2007. Request for authorization is August 21, 2015. There is a medical supplemental record review dated March 24, 2015 from the requesting provider [REDACTED]. There is no subsequent documentation medical record. There is a handwritten note dated August 11, 2015 that is illegible. The signature is illegible as well. According to a progress note dated August 11, 2015, the injured worker is status post microfracture procedure. There is episodic swelling. Objectively, there is no difficulty to date. The knee was tender palpation. There is no documentation in the medical record for bilateral arch supports or orthotics. There is no clinical discussion, clinical indication or rationale for bilateral arch supports. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous medical documentation on or about the date of request for authorization by the requesting provider and no clinical discussion, indication for rationale for bilateral arch supports, bilateral arch supports are not medically necessary.

Biofreeze X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back/Biofreeze cryotherapy gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Biofreeze times 2 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. In this case, the injured worker's working diagnoses are left knee osteoarthritis; and status post left knee microfracture procedure of the medial femoral condyle. The date of injury is September 21, 2007. Request for authorization is August 21, 2015. There is a medical supplemental record review dated March 24, 2015 from the requesting provider [REDACTED]. There is no subsequent documentation medical record. There is a handwritten note dated August 11, 2015 that is illegible. The signature is illegible. According to a progress note dated August 11, 2015, the injured worker is status post microfracture procedure. There is episodic swelling. Objectively, there is no difficulty to date. The knee was tender palpation. There is no clinical discussion, indication or rationale for Biofreeze in the medical record. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation by the requesting provider on or about the date of request for authorization and no clinical discussion, indication or rationale for buying freeze, Biofreeze times 2 is not medically necessary.