

<b>Case Number:</b>	CM15-0202565		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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

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 52 year old female who sustained an industrial injury 01-09-14. A review of the medical records reveals the injured worker is undergoing treatment for lumbago and right knee internal derangement. Medical records reveal the injured worker complains of intermittent lumbar spine pain rated at 7/10 and constant right knee pain rated at 6/10. The physical exam (09-10-15) is hand written and difficult to decipher. The physical exam (08-19-15) reveals decreased lumbar spine range of motion with tenderness to palpation and muscle spasms of the lumbar paravertebral muscles and bilateral glutens. Range of motion in the bilateral knees is also decreased with noted tenderness to palpation. Prior treatment includes right knee surgery on 05-05-14, an unknown number of physical therapy sessions, a heat-cold unit, a TENS unit, medication including ibuprofen and naproxen. The original utilization review (10-002-15) non certified the request for Menthoderm cream 240gm and 18 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm Cream 240g:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Salicylate topicals.

**Decision rationale:** Mentoderm cream contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The injured worker is reportedly experiencing benefit from the use of mentoderm cream, therefore, the request for Mentoderm Cream 240g is medically necessary.

**Physical Therapy 3 times a week for 6 weeks, quantity: 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, this request for 18 physical therapy sessions exceeds the recommendations of the guidelines, therefore, the request for Physical Therapy 3 times a week for 6 weeks, quantity: 18 sessions is not medically necessary.