

<b>Case Number:</b>	CM15-0209648		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2015

### 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 54 year old female with an industrial injury date of 05-07-2014. Medical record review indicates she is being treated for right knee joint pain and chondromalacia. Subjective complaints (09-28-2015) included right knee pain. The treating physician documented Norco and topical solution continued to reduce her pain and had increased her activities of daily living. Sleep was documented as increasing to 6 hours a night with 2 interruptions due to pain. Activities of daily living "are still limited by the severity of her chronic pain, but are tolerated with her current medications." Physical exam (09-28-2015) included antalgic gait with brace on the right knee and a cane held in her left hand. Right knee was warmer to touch than left knee. Prior treatment included physical therapy, brace, surgery and medications. On 10-09-2015 the request for patellar supporting brace and Pennsaid Diclofenac 2% topical solution was denied by utilization review. The request for psychological consultation and intervention QTY: 12 were modified to a QTY of 1 by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid Diclofenac 2 Percent Topical Solution:** Upheld

**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.

**Decision rationale:** 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 111 of 127. This claimant reported injury in 2014. There was right knee pain and degenerative chondromalacia. The pain is addressed with both Norco and this topical Pennsaid. There is no mention of intolerance to oral NSAIDs. Per the MTUS, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Therefore, the request is not medically necessary.

**Patellar Supporting Brace:** 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).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

**Decision rationale:** This claimant reported injury in 2014. There was right knee pain and degenerative chondromalacia. The pain is addressed with both Norco and this topical Pennsaid. There is no mention of knee instability. 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 not medically necessary.

**Psychological Consultation and Intervention Qty 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** This claimant reported injury in 2014. There was right knee pain and degenerative chondromalacia. The pain is addressed with both Norco and topical Pennsaid. ACOEM Guidelines, Chapter 7, page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. It is not clear from the notes why immediately treatment sessions along with a psychologic consultation would be requested, without knowing the outcomes of the initial psychological assessment. The request is not medically necessary.