

Case Number:	CM15-0218388		
Date Assigned:	11/10/2015	Date of Injury:	09/17/2014
Decision Date:	12/29/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/05/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 17, 2014. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and topical Voltaren gel. An RFA form received on September 29, 2015 was referenced in the determination. The full text of the UR report was not, it was incidentally noted, attached to the application. The applicant's attorney subsequently appealed. On March 26, 2015, the applicant underwent a partial lateral meniscectomy, shaving chondroplasty and lateral release surgery involving the left knee. On August 11, 2015, the applicant was given a rather proscriptive 10-pound lifting limitation. Motrin was renewed. The applicant has had 18 sessions of physical therapy, the treating provider reported. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On September 11, 2015, the same, unchanged, rather proscriptive 10-pound lifting limitation was, once again, renewed. The treating provider stated that the applicant was not working with said limitation in place. Motrin was likewise continued. On September 28, 2015, the applicant reported ongoing issues with knee pain. The applicant was described as not making significant progress. Additional physical therapy and Voltaren gel were seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits: Upheld

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

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

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 as of the date in question, September 28, 2015, following earlier knee arthroscopy of March 26, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work and not making significant progress, the treating provider reported on the September 28, 2015 office visit at issue. It was not clearly stated why additional physical therapy was sought when the applicant failed to respond favorably to the 18 prior sessions of physical therapy performed through the date in question. Therefore, the request was not medically necessary.

Voltaren topical gel 1% apply 2G by topical route 4 times every day to affected areas:
Upheld

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

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

Decision rationale: Similarly, the request for topical Voltaren gel was likewise 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 applicants with small joint arthritis, as with the knee arthritis reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the requesting provider did not state why he was furnishing the applicant with topical Voltaren, a topical NSAID, when the applicant was apparently receiving oral ibuprofen, another anti-inflammatory medication, from another prescriber. Therefore, the request was not medically necessary.