MAXIMUS Federal Services

Case Number:	CM15-0054543		
Date Assigned:	03/27/2015	Date of Injury:	12/10/2013
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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, Public Health & General Preventive 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 worker 21-year-old male who reported an injury on 12/10/2013. The mechanism of injury was not specifically stated. The current diagnoses included right knee internal derangement, right knee chondromalacia patella, and right knee degenerative joint disease. The injured worker presented on 03/23/2015 for a follow-up evaluation. The injured worker reported constant mild aching right knee pain. Upon examination there was tenderness to palpation over the lateral and medial joint line, 0 degree extension and 110 degree flexion. Recommendations at that time included a Functional Capacity Evaluation, additional chiropractic physiotherapy, and continuation of the current medication regimen. The injured worker was also instructed to follow-up with the orthopedic surgeon in 4 weeks. A Request For Authorization form was then submitted on 03/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physiotherapy 2 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for resting flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of significant musculoskeletal or neurological deficit upon examination. In addition, there were no previous physical therapy treatment notes provided for review documenting evidence of significant functional improvement. Additional treatment would not be supported at this time. As such, the request is not medically appropriate.

Initial FCE (functional capacity evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation Page(s): 125. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a functional capacity evaluation if case management has been hampered by complex issues and the timing is appropriate. In this case, there was no documentation of an exhaustion of conservative treatment. There is also no mention of any unsuccessful return to work attempts. The medical necessity for the requested service has not been established. As such, the request is not medically appropriate.

Toxicology testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 13th edition (web 2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There

is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine 5% in cream base, 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer review literature to support its use as a topical product. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base, 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac; therefore, the request for a compounded cream containing flurbiprofen would not be supported. Muscle relaxants are also not recommended for topical use. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.