

<b>Case Number:</b>	CM15-0088620		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female, who sustained an industrial injury on 7/9/09. The mechanism of injury was not noted within the records. The diagnoses have included status post right knee surgery, displacement of lumbar intervertebral disc without myelopathy, Complex regional pain syndrome (CRPS) type II lower limb, old medial collateral ligament disruption and knee pain. Treatment to date has included medications, topical creams, activity modifications, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 4/3/15, the injured worker complains of lower extremity pain right greater than the left and low back pain. She states that the Lidocaine cream topical works well for her pain and that it works better than oral medications for her. She also complains of knee extensors weakness mostly at the end of the day. The physical exam reveals that she ambulates with a straight cane and there is no foot drop noted. She reports muscle weakness, aches and back pain along with depression and anxiety. The current medications included Capsaicin, Celebrex, Flector patch, Lidocaine topical cream, Lidocaine topical ointment, Nabumetone, Omeprazole, Terocin patches and Tylenol ES. There was no recent diagnostics noted. The previous physical therapy sessions were not noted in the records. Work status is disabled. The physician requested treatments included Physical Therapy 2 times per week for 6 weeks for the knee and Lidocaine 5% for knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times per week for 6 weeks for the knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 and 112.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in July 2009 and continues to be treated for right knee pain. When seen, she was having ongoing knee pain on the right greater than left side. She was also having low back pain. Complaints included catching and locking of the right knee. Prior treatments had included surgery in 2009. Physical examination findings included ambulating with an antalgic gait and use a cane. There was decreased knee flexion. Authorization for 12 sessions of physical therapy to establish a home exercise program and topical lidocaine were requested. The claimant is being treated for chronic pain without new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or that would be needed to establish a home exercise program. The request is not medically necessary.

**Lidocaine 5% for knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111- 113 Page(s): 111-113.

**Decision rationale:** The claimant sustained a work injury in July 2009 and continues to be treated for right knee pain. When seen, she was having ongoing knee pain on the right greater than left side. She was also having low back pain. Complaints included catching and locking of the right knee. Prior treatments had included surgery in 2009. Physical examination findings included ambulating with an antalgic gait and use a cane. There was decreased knee flexion. Authorization for 12 sessions of physical therapy to establish a home exercise program and topical lidocaine were requested. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant has localized pain including neuropathic pain affecting the knee that would be potentially amenable to topical treatment. Therefore, the request was medically necessary.