

Case Number:	CM15-0235817		
Date Assigned:	12/11/2015	Date of Injury:	08/11/2014
Decision Date:	01/22/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/02/2015

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: Family Practice

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 57 year old female, who sustained an industrial injury on 8-11-2014. Diagnoses include right hip pain, left hip pain, right knee pain, left knee pain, and low back pain. Treatments to date include activity modification, cortisone injections to the hip bilaterally, and NSAID and Norco. On 10-23-15, she complained of ongoing pain in bilateral knees and bilateral hips rated 5-7 out of 10 VAS. The physical examination documented painful decreased range of motion, tenderness, and crepitus in hips and knees. The plan of care included initiation of physical therapy and Naproxen, and a trial of Ketoprofen cream topically. The appeal requested authorization for Naproxen Sodium 550mg twice daily #60, CM3-Ketoprofen 20% topical cream, and eight (8) physical therapy sessions twice weekly for four weeks for bilateral hips and knees. The Utilization Review dated 11-19-15, denied the request for CM3-Ketoprofen 20% cream and denied the physical therapy, and certified the Naproxen Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for bilateral hips and knees (quantity 8):

Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter and Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine.

Decision rationale: This patient receives treatment for chronic bilateral hip pain, bilateral knee pain, and low back pain. This relates to an industrial injury claim for repetitive trauma from standing and lifting on the job dated 08/11/2014. The patient reports a level of hip pain 7/10 on the right and 8/10 on the left. Transferring, walking and bending at the hips causes pain. The ROM of the L hip was reduced. Passive ROM examination of the hips triggered pain. Sensation and reflex examination were normal. Palpation of the R knee revealed tenderness at the joint line lateral and there was palpable crepitus. The L knee exam was normal. The patient had 6 sessions of physical therapy and received intra-articular steroid injections to the hips bilaterally. The patient has been diagnosed with advanced osteoarthritis of the hips. This review addresses a request for physical therapy, 8 more sessions for hips and knees. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are neither new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically necessary.

CM3-Ketoprofen 20% cream over the affected joints: 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: This patient receives treatment for chronic bilateral hip pain, bilateral knee pain, and low back pain. This relates to an industrial injury claim for repetitive trauma from standing and lifting on the job dated 08/11/2014. The patient reports a level of hip pain 7/10 on the right and 8/10 on the left. Transferring, walking and bending at the hips causes pain. The ROM of the L hip was reduced. Passive ROM examination of the hips triggered pain. Sensation and reflex examination were normal. Palpation of the R knee revealed tenderness at the joint line lateral and there was palpable crepitus. The L knee exam was normal. The patient had 6 sessions of physical therapy and received intra-articular steroid injections to the hips bilaterally. The patient has been diagnosed with advanced osteoarthritis of the hips. This review addresses a request for CM3-ketoprofen 20% cream for the affected joints. Ketoprofen is a NSAID. NSAIDs are not medically indicated to treat chronic pain, because properly designed clinical trials have failed to demonstrate efficacy beyond a few weeks of therapy. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a

compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Topical ketoprofen is not medically necessary.