

Case Number:	CM15-0245297		
Date Assigned:	12/24/2015	Date of Injury:	06/25/2012
Decision Date:	01/29/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/16/2015

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: North Carolina
 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:

This is a 45-year-old male with a date of industrial injury 6-25-2012. The medical records indicated the injured worker (IW) was treated for orthopedic diagnosis (referred to the appropriate specialist) and acid reflux. In the progress notes (10-5-15), the IW reported bilateral knee pain. On examination (10-5-15 notes), there was no clubbing, cyanosis or edema of the extremities; other elements of the extremity exam were noted to be "deferred to the appropriate specialist". A body composition study was done. Treatments included right knee surgery, physical therapy and medication. The IW was prescribed Voltaren gel 1% for knee pain and advised to avoid NSAIDs due to his history of acid reflux. An orthopedic consultation was requested, as this provider specializes in internal medicine. No rationale was offered for the conduction of the body composition study. A Request for Authorization dated 10-5-15 was received for an office visit orthopedic consult for the bilateral knees, Diclofenac gel 1% (Voltaren gel) 1% and BIA whole body supine position with I and R (body composition study). The Utilization Review on 11-30-15 non-certified the request for an office visit orthopedic consult for the bilateral knees, Diclofenac gel 1% (Voltaren gel) 1% and BIA whole body supine position with I and R (body composition study).

IMR ISSUES, DECISIONS AND RATIONALES

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

BIA Whole Body Supine Position w/ I&R (body composition study): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, body composition studies.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to date guidelines do not indicate body composition studies are used for the evaluation of knee pain. The patient has not failed first lien evaluation of knee pain and therefore the request is not medically necessary.

Diclofenac gel (Voltaren gel) 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ODG Pain Chapter.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options. The patient has knee complaints. Therefore criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.

OV Ortho Consult B/L Knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist 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: 1.

Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing knee pain despite conservative therapy. Therefore the need for orthopedic consult has been established and the request is medically necessary.