

Case Number:	CM14-0114266		
Date Assigned:	09/16/2014	Date of Injury:	01/05/2010
Decision Date:	11/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65 year old female with an injury date on 01/05/10. Based on the 06/23/14 progress report provided by [REDACTED], the patient complains of lower back and left knee pain. There is a "positive patella compression and limited ROM at left knee." There were no other significant findings noted on this report. Her diagnoses include the following: 1. Left Knee-Internal Derangement 2. Injury-knee 3. Psych disorder. Dr. [REDACTED] is requesting for 12 physical therapy sessions for lumbar spine and left knee. The utilization review denied the request on 07/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/21/14 to 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio Therapy 2xWeek x 6Weeks Lumbar Spine, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Official Disability Guidelines -Knee And Leg

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

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." As such the request for Keto-Menthol-Capsaicin Cream Apply twice daily as needed 240gm with one refill is not medically necessary.