

Case Number:	CM14-0117148		
Date Assigned:	09/16/2014	Date of Injury:	06/11/2013
Decision Date:	10/29/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 6/10/2013. Per primary treating physician's initial report dated 3/20/2014, the injured worker complains of constant pain in the left knee. Pain increases with walking or standing over 20 minutes, flexion and extending the knee, climbing or descending stairs. He reports giving way of the knee. He reports swelling, popping and clicking. Pain is rated at 6/10. On examination he walks with a limp favoring the right side. Left knee flexion is reduced at 130 degrees. Palpation of the patellar tendon revealed tenderness on the left side. Valgus stress, varus stress, McMurrays, anterior drawer, posterior drawer, and Lachman's tests were negative on the left side. Patellofemoral grind test was positive on the left side. Muscle strength was 4/5 on the left side with flexion and extension. Diagnoses include 1) left knee strain 2) left knee patellar tendon partial tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel 4 oz. for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals section, Topical Analgesics section Page(s): 105,111-113.

Decision rationale: Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The request for Kera-Tek analgesic gel 4 oz. for the left knee is determined to be medically necessary.