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| Case Number: | CM14-0128335 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 09/10/2013 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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:

According to the records made available for review, this is a 54-year-old male with a 9/10/13 date of injury, and arthroscopic right knee surgery on 12/19/13. At the time (7/14/14) of request for authorization for Methyl salicylate 15% topical anesthetic lotion, per 07/22/14 form qty: 1.00 and additional physical therapy two times a week for three weeks, right knee, per 07/22/14 form qty: 6.00, there is documentation of subjective (radiating right knee pain) and objective (numbness and weakness of the right leg and foot, decreased deep tendon reflexes in the bilateral lower extremities, and positive McMurray's test in the right knee) findings, current diagnoses (knee sprain/ strain and status post right medial meniscus repair with chronic right knee pain), and treatment to date (at least 30 sessions of physical therapy). Regarding Methyl salicylate 15% topical anesthetic lotion, there is no documentation that trials of antidepressants and anticonvulsants have failed. Regarding additional physical therapy two times a week for three weeks, right knee, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl salicylate 15% topical anesthetic lotion, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of knee sprain/ strain and status post right medial meniscus repair with chronic right knee pain. Furthermore, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Methyl salicylate 15% topical anesthetic lotion, qty: 1.00 is not medically necessary.

Additional physical therapy two times a week for three weeks, right knee, Qty: 6.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Physical Medicine Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical Therapy (PT) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of knee sprain and strain not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of knee sprain/ strain and status post right medial meniscus repair with chronic right knee pain. However, there is documentation of at least 30 sessions of physical therapy treatments completed to date, which exceed guidelines, functional deficits, and functional goals. In addition, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical

therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy two times a week for three weeks, right knee, qty: 6.00 is not medically necessary.