

Case Number:	CM14-0132628		
Date Assigned:	08/22/2014	Date of Injury:	04/02/2010
Decision Date:	09/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 78 year old female with a work related injury on 4-2-10. The claimant has chronic knee pain. She is status post arthroscopic chondroplasty of the medial femoral condyle, partial meniscectomy of the medial meniscus and limited synovectomy of the left knee performed on 4-14-14. The claimant has been provided with postop physical therapy. Medical Records reflect that she had been prescribed 12 sessions postop. Medical records reflect the claimant returned to work on 5-1-14 to her customary position. On 6-12-14, it was noted the claimant was not able to start physical therapy. Initial physical therapy evaluation was performed on 7-15-14. Medical Records reflect the claimant completed 10 physical therapy sessions by 8-21-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, physical therapy.

Decision rationale: Post-Surgical Treatment Guidelines as well as ODG reflects that post arthroscopic surgery to the knee, 12 visits over 12 weeks is supported. Medical Records provided for review notes that the claimant had completed 10 sessions by 8-21-14. She began her post-op course on 7-15-14. Based on the records provided, there is an absence in documentation to support additional physical therapy at this juncture, so far removed from the original injury. The claimant should have been able to complete her postop physical therapy over the course of 12 weeks. Additionally, there is an absence in documentation noting that she cannot transition into a home exercise program. Therefore, there is no documentation to support this request as medically reasonable or necessary.

1 prescription for Terocin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - topical analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that topical medications are 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. There is an absence in documentation noting that this claimant has failed first line of treatment or that she cannot tolerate the oral medications currently provided. Therefore, the medical necessity of this request is not established.

1 elastic knee support (thigh high stockings): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg (Acute & Chronic).

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

Decision rationale: ODG reflects that compression garments are indicated in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. None of the conditions for which compression garments are indicated are present in this claimant. Therefore, based on the records provided, the medical necessity of this request is not established.