

Case Number:	CM14-0144080		
Date Assigned:	09/12/2014	Date of Injury:	05/29/2012
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 General Surgery, and is licensed to practice in California and Nevada. 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:

A left total knee arthroplasty was done 3/31/14 in this 54 year old male with bilateral osteoarthritis of the hips that has failed conservative management. He is scheduled to undergo right total hip arthroplasty 10/13/14. The request was for an additional 12 sessions of physical therapy. His pain score is at a 1. His strength is at a 5. The request is based upon a perceived need for more strengthening so as to have an easier time with the right total knee arthroplasty post op. There is not a mention of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anti-Inflammatory Cream 240gm Gabapentin 15%, Prilocaine 9%, Fluticasone 1%, Levocetirizine 28%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Topical analgesics-Gabapentin.

Decision rationale: Evidence-based medicine does not support the use of this drug as a topical. Gabapentin is used orally for neuropathic pain. There is insufficient information provided to this reviewer to establish medical necessity that this patient be treated as an outlier. Therefore, the request for topical Gabapentin is denied. Any topical product of combined contents where one of

the contents is not appropriate per Guidelines eliminates the entire compounded product from recommended use. Therefore the request is not medically necessary.

Additional Post-Op 12 sessions of Physical Therapy (2x 6 weeks) for the bilateral Hips:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: "A physical therapy program that starts immediately following hip injury or surgery allows for greater improvement in muscle strength, walking speed and functional score." Medical evidence-based Guidelines recommend 24 sessions. The patient has completed and improved functionally in 23 sessions. The pain level is at a 1 and the strength is at a 5/5. A home exercise program has not been mentioned and is appropriate instead of further formal physical therapy. Therefore the request is not medically necessary.