

Case Number:	CM14-0147716		
Date Assigned:	09/15/2014	Date of Injury:	06/16/2010
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 injured worker is a 54-year-old female who reported an injury on 06/16/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included right knee pain and knee joint replaced. The previous treatments included physical therapy, medications, and surgery. Within the clinical note dated 08/18/2014, it was reported the injured worker returned to the office for right knee pain. The injured worker reported a flare up of swelling in regard to the knee. She complained of stiffness and some pain. Upon physical examination, the provider noted the knee showed a well healed anterior incision. The injured worker lacked 2 degrees of extension and flexion was noted to be at 120 degrees. The provider requested physical therapy for continued progress for the range of motion and Flector patches for pain. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy to the right knee between 8/20/2014 and 11/19/2014:
Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The MTUS Chronic Pain Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The MTUS Chronic Pain Guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. The clinical documentation submitted did not indicate the number of sessions the injured worker has undergone. There was a lack of clinical documentation indicating the efficacy of the previous therapy. There was a lack of clinical documentation including and adequate and complete physical examination demonstrating the injured worker to have decreased functional ability or decreased strength or flexibility. The number of sessions requested exceeds the guideline recommendations. Therefore, the request is not medically necessary.

Thirty Flector patches 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a treatment site. Flector patches contain Diclofenac which is not FDA approved in this formulation. Therefore, the request is not medically necessary.