

Case Number:	CM14-0150962		
Date Assigned:	09/19/2014	Date of Injury:	11/10/2009
Decision Date:	11/14/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 56-year-old female with a 11/10/09 date of injury. At the time (9/5/14) of the Decision for Physical Therapy 2x week for 6 weeks for the bilateral knees and left ankle and Keratek gel, there is documentation of subjective (knee and ankle pain) and objective (decreased range of motion, positive patellofemoral grinding test, tenderness over the medial and lateral knee, and swollen ankle) findings, current diagnoses (degenerative joint disease of the foot), and treatment to date (medications and 7 of 12 previous physical therapy treatments). Medical report identifies that there is 12 physical therapy treatments that has been authorized/certified. Regarding physical therapy, 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 provided to date. Regarding Keratek gel, there is no documentation of neuropathic pain and failed trial of antidepressants and anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week for 6 weeks for the bilateral knees and left ankle: Upheld

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

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) Ankle & Foot AND Knee, 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 diagnoses of ankle/foot joint disorders and pain in joint of the knee not to exceed 9 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 a diagnosis of degenerative joint disease of the foot. However, given documentation of 12 previous physical therapy sessions that is authorized/certified, which exceeds guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. In addition, 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 provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 2 x week for 6 weeks for the bilateral knees and left ankle is not medically necessary.

Kera-Tek Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; NSAIDs.

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

Decision rationale: An online search identifies that Keratek gel contains menthol and methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of

neuropathic pain when trial 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 a diagnosis of degenerative joint disease of the foot. However, there is no documentation of neuropathic pain and failed trial of antidepressants and anticonvulsants. Therefore, based on guidelines and a review of the evidence, the request for Kera-Tek gel is not medically necessary.