

<b>Case Number:</b>	CM14-0161961		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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:

On August 21, 2013, this worker slipped at work and injured the right knee. She had arthroscopic surgery on the right knee for repair of meniscal tear. She did not find the surgery beneficial and continued to have right knee pain and ambulated with a crutch. She participated in 8 sessions of postoperative physical therapy. She also developed compensatory left knee overuse syndrome and compensatory left foot strain. On April 14, 2014 the following services were requested by the primary treating physician: MR arthrogram of the right knee to rule out recurrent meniscal tear, physical therapy of the right knee twice per week for 6 weeks, Kera-tek analgesic gel, flubiprofen/ranitidine 100/100 mg #60, and Theraflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesic gel 4oz:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**Decision rationale:** Keratek contains methyl Salicylate and menthol. Methyl Salicylate is recommended and has been found to be significantly better than placebo in chronic pain. This is

listed under Salicylate topicals in the MTUS. Bengay is given as an example and it contains methyl Salicylate and menthol. The section on topical analgesics does not specifically address this medication as does the section on Salicylate topicals, therefore this decision is based on the MTUS guidelines specifically addressing Salicylate topicals. Therefore the request is medically necessary.

**Physical therapy twice a week for three weeks (6 total visits) for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11 and 25.

**Decision rationale:** The guidelines state that if post-surgical physical medicine is medically necessary, an initial course of therapy can be prescribed. With documentation of functional improvement a subsequent course of therapy shall be prescribed. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine may be continued up to the end of the postsurgical physical medicine period. The postsurgical physical medicine treatment period for meniscus derangement is 4 months and the postsurgical treatment is 12 visits over 12 weeks. In this case no functional improvement was documented with the initial course of therapy. Furthermore the addition of 12 more sessions of physical therapy would exceed the total number of visits allowed for meniscal derangement of 12 visits. Therefore the request is not medically necessary.