

Case Number:	CM14-0165210		
Date Assigned:	10/10/2014	Date of Injury:	11/20/2000
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for knee and leg arthritis reportedly associated with an industrial injury of November 20, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee ACL reconstruction surgery; unspecified amounts of physical therapy; and a knee brace. In a Utilization Review Report dated September 21, 2014, the claims administrator denied a request for a knee brace and topical Pennsaid while partially approving a request for oral Motrin. The claims administrator did document that the applicant's knee brace was getting loose and needed to be refurbished or replaced. The claims administrator did state the applicant was doing home exercises for quadriceps and hamstrings. It was stated that the Pennsaid was denied on the grounds that the applicant was using oral Motrin. The applicant's attorney subsequently appealed. In a March 11, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant was using the knee brace. The applicant did have to use a cane at times owing to the fear that her knee might collapse. The applicant stated she was working at least three times a week at a minimum. Synvisc injections are pending. The applicant had issues with knee degenerative joint disease, it was noted. The applicant was on tramadol and Motrin. Viscosupplementation injections and work restrictions were endorsed. In a doctor's first report (DFR) dated September 11, 2014, the applicant apparently transferred care to a new primary treating provider (PTP). The applicant did have issues with the knee DJD, it was acknowledged, advanced. The applicant was apparently working as a seasonal ski instructor, but was temporarily unemployed until the winter months. The applicant's knee brace was loose. The applicant had lost weight. The applicant was doing exercises. The knee brace and Motrin were ameliorating the applicant's ability to perform activities of daily living, it was acknowledged. The applicant is asked to continue home exercises and employ topical Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair and or replace left knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, functional bracing is deemed "optional" as part of the rehabilitation program. In this case, the applicant is using the knee brace in question as part of the program of functional restoration. The applicant is using a knee brace to advance her activity levels, including to perform home exercises and to continue working as a seasonal ski instructor. The applicant's current knee brace is apparently deficient, the attending provider has posited. Repairing or replacement of the same is indicated. Therefore, the request is medically necessary.

Pennsaid topical ointment 6 oz jar with one refill: Overturned

Claims Administrator 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

Decision rationale: Topical Pennsaid is a derivative of topical Diclofenac/topical Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Diclofenac/Voltaren is indicated in the treatment of small joint arthritis, which lends itself toward topical application. In this case, the applicant does have ongoing issues with knee arthritis. The knee, per page 112 in the MTUS Chronic Pain Medical Treatment Guidelines, is a small joint which is considered amenable to topical applications. Introduction of the same is indicated, given the applicant's ongoing complaints of knee pain secondary to knee arthritis. Therefore, the request is medically necessary.

Motrin 800 mg #90 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen section Page(s): 72.

Decision rationale: As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, Ibuprofen, an NSAID medication, is indicated in the treatment of knee arthritis, the diagnosis reportedly present here. The applicant is, per the treating provider, deriving analgesia from the same as well as appropriate improvement in terms of performance of activities of daily living. The applicant has apparently maintained work as a seasonal ski instructor with ongoing Motrin usage, the attending provider has posited. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.