

Case Number:	CM14-0211128		
Date Assigned:	12/23/2014	Date of Injury:	08/05/2013
Decision Date:	02/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 61 year old female with an injury date on 08/05/2013. Based on the 09/23/2014 hand written progress report provided by the treating physician, the diagnosis is: Right Knee S/S, MMT S/P arthroscopy 12/13/2013 According to this report, the patient complains of 2-3/10 right knee pain with swelling and weakness. Pain is aggravated with prolonged walking and climbing. Physical exam indicates the patient has difficulty with rising from sitting position and moves about with stiffness. The treatment plan is physical therapy 2x3, acupuncture 2x3, Keto-lid cream, and patient is to return for follow up in 3-4 weeks. The 08/27/2014 report indicates the patient has "intermittently moderate pain in the right knee." Pain is rated as a 4-6/10. There is tenderness at the medial joint line of the right knee and right medial collateral ligament. The treatment plan is physical therapy 2x3 and acupuncture 2x3. The patient's work status is to "return to modified duties on 09/23/2014 with limited kneeling or squatting, standing or walking, no lifting/pushing/pulling over 15 pounds. There were no other significant findings noted on this report. The utilization review denied the request for (1) Ibuprofen cream 10% 1 refill, (2) KetoLid cream with one refill, and (3) 6 sessions of Physical therapy right knee on 11/13/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/13/2014 to 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen cream 10% 60gm with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 10/30/2014), Compound Drugs, Criteria for Compound Drugs

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

Decision rationale: According to the 09/23/2014 report, this patient presents with 2-3/10 right knee pain with swelling and weakness. The current request is for Ibuprofen cream 10% 60gm with one refill. Regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication, the treating physician does not document that the patient has osteoarthritis or tendonitis symptoms in the knee. The request IS NOT medically necessary.

KetoLid cream 240gm with one refill: Upheld

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

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

Decision rationale: According to the 09/23/2014 report, this patient presents with 2-3/10 right knee pain with swelling and weakness. The current request is for KetoLid cream 240gm with one refill. Regarding Topical Analgesics, MTUS page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, the current request IS NOT medically necessary.

Physical therapy right knee 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 10/27/2014), Physical Medicine Treatment

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

Decision rationale: According to the 09/23/2014 report, this patient presents with 2-3/10 right knee pain with swelling and weakness. The current request is for Physical therapy right knee 2 x 3. The Utilization Review denial letter states "There is no documentation of what functional improvement was achieved with previous sessions...the patient has completed at least 24 sessions

of physical therapy since surgery." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In reviewing the medical reports provided, UR alludes that the patient has had "completed at least 24 sessions of physical therapy" since 12/13/2013. In this case, the treating physician does not discuss the reasons for the requested additional therapy and no discussion is provided regarding how the patient's response from prior therapy. There is no documentation of flare-up or a new injury to warrant formalized therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the current request IS NOT medically necessary.