

Case Number:	CM14-0213308		
Date Assigned:	12/30/2014	Date of Injury:	03/02/2013
Decision Date:	02/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/19/2014

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: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 43-year-old male who was injured on March 2, 2013. The patient continued to experience pain in his right knee. Physical examination was notable for positive McMurray's sign of the left knee. Diagnoses included medical meniscal tear and pain in lower leg joint. Treatment included medications, arthroscopic surgery, physical therapy, and injections. Requests for authorization for Interferential Unit and supplies, compound drug Fluriflex, functional capacity evaluation, physical therapy right knee, and MRI right knee were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential unit and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines. Page(s): 118-119.

Decision rationale: Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case there is no documentation that the ICS unit will be used in conjunction with other treatments. In addition documentation in the medical record does not support that the patient has any of the indications listed above. There is no indication for the ICS unit. The request should not be authorized. Therefore, the request is not medically necessary.

Compound drug Fluriflex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Fluriflex is a compounded topical analgesic containing flurbiprofen and cyclobenzaprine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of cyclobenzaprine as a topical product. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized. Therefore, the request is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty: Functional Capacity Evaluations.

Decision rationale: Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more

research is needed. Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts, Conflicting medical reporting on precautions and/or fitness for modified job, Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured, Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance, the worker has returned to work and an ergonomic assessment has not been arranged. In this case there is no documentation that the patient has failed return to work attempts or is close to or at MMI. There is no indication for the FCE. The request should not be authorized. Therefore, the request is not medically necessary.

12 physical therapy visits to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines. Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient was scheduled for arthroscopic surgery on July 22, 2014. Postsurgical physical medicine treatment for this surgery is 12 visits over 12 weeks with a postsurgical physical medicine period of 6 months. The requested number of physical therapy visits is appropriate and within the recommended postsurgical treatment period. However, there is no documentation that the surgery took place as scheduled or if the patient participated in postoperative physical therapy. Lack of documentation does not allow for determination of medical necessity. The request should not be authorized. Therefore, the request is not medically necessary.

Right knee MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-335. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI's (magnetic resonance imaging).

Decision rationale: Per MTUS MRI of the knee is indicated only for meniscus tear if surgery is being considered, ligament tears of the knee for confirmation, or patellar tendinitis if surgery is being considered. Per ODG indications for MRI of the knee are as follows: Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case surgery of the right knee was scheduled for July 22, 2014. There is no indication that the patient's condition has changed since the surgery was scheduled. There is no indication for the MRI of the right knee. The request should not be authorized. Therefore, the request is not medically necessary.