

<b>Case Number:</b>	CM14-0218070		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 41 year old female who sustained an industrial injury on June 7, 2013. She has reported injuries to the neck and back. The diagnoses have included osteochondritis dissecans of the left knee, contusions of the cervical spine, thoracic spine, lumbar spine, left knee and left shoulder. Treatment to date has included physical therapy, massages, exercises, psychological examination, an MRI of the left knee dated June 21, 2013 and pain management. Per the documentation the MRI of the left knee revealed osteochondritis dissecans of the medial aspect of the lateral femoral condyle of the left knee. Current documentation dated October 14, 2014 notes the injured worker reported pain of the cervical spine and upper back which increased with stress and anxiety. She reported increased neck pain and occasional swelling of the left knee with walking. Physical examination revealed tenderness of the cervical and thoracic spine. Range of motion of the cervical spine was noted to be painful. On November 25, 2014 the injured worker submitted an application for IMR, for review of the requests including physical therapy sessions # 12, Lidoderm Patches 5% # 60 and Biofreeze 60 grams. On November 26, 2014 Utilization Review non-certified the physical therapy sessions # 12 and Lidoderm Patches 5% # 60. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On November 26, 2014 Utilization Review non-certified the Biofreeze 60 grams, noting (Zhang, 2008). Non-MTUS Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 12 sessions:** 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): 98-99.

**Decision rationale:** The injured worker sustained a work related injury on June 7, 2013. The medical records provided indicate the diagnosis of osteochondritis dissecans of the left knee, contusions of the cervical spine, thoracic spine, lumbar spine, left knee and left shoulder. Treatment to date has included physical therapy, massages, exercises, psychological examination, an MRI of the left knee dated June 21, 2013 and pain management. The medical records provided for review do not indicate a medical necessity for Physical therapy x 12 sessions. The utilization review report indicates she was earlier on authorized for ten visit; the physical therapy report indicates she had 4 visits by 09/2014, she was pain free in her cervical spine by the 10/17/2014 visit. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Therefore, at this stage, she is expected to continue with home exercise program; the requested treatment is not medically necessary and appropriate.

**lidoderm patches 5% #60:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on June 7, 2013. The medical records provided indicate the diagnosis of osteochondritis dissecans of the left knee, contusions of the cervical spine, thoracic spine, lumbar spine, left knee and left shoulder. Treatment to date has included physical therapy, massages, exercises, psychological examination, an MRI of the left knee dated June 21, 2013 and pain management. The medical records provided for review do not indicate a medical necessity for lidoderm patches 5% #60. The MTUS recommends the topical analgesics as option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The records do not indicate the injured worker has failed treatment with either antidepressants or anticonvulsants for neuropathic pain. Therefore, the requested treatment is not medically necessary and appropriate.

**Biofreeze gel 60grams:** 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)- low back, lumbar and thoracic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** The injured worker sustained a work related injury on June 7, 2013. The medical records provided indicate the diagnosis of included osteochondritis dissecans of the left knee, contusions of the cervical spine, thoracic spine, lumbar spine, left knee and left shoulder. Treatment to date has included physical therapy, massages, exercises, psychological examination, an MRI of the left knee dated June 21, 2013 and pain management. Per the documentation; the medical records provided for review do not indicate a medical necessity for Biofreeze gel 60grams. The MTUS is silent on it, but the Official Disability Guidelines recommends it as an optional form of cryotherapy for acute pain, but not for chronic pain, as in this case.