

Case Number:	CM14-0218922		
Date Assigned:	01/09/2015	Date of Injury:	03/30/2013
Decision Date:	03/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61-year-old female, who sustained an industrial injury on March 30, 2013. She has reported she tripped on metal pipes on the floor and fell forward landing on her abdomen. She lost consciousness and had pain in her head, jaw, nose, hands, and knees. The diagnoses have included cervical spondylosis, bilateral shoulder arthralgias, bilateral hand arthralgias, and internal derangement of the knees. Past treatment to date has included pain, non-steroidal anti-inflammatory, and muscle relaxant medications; x-rays and MRI of the right knee, activity modifications. The medical records refer to a course of physical therapy for the right knee and a course of postoperative physical therapy with TENS (transcutaneous electrical nerve stimulation) for the left knee after left knee arthroscopy, medial meniscectomy, and chondroplasty. Currently, the injured worker complains of right knee pain, rated 7/10. The physical exam revealed right knee tenderness and decreased muscle spasms of the calf. Diagnosis was mild osteopathy and thinning of the articular cartilage of the right knee. The treating physician recommended continuing additional physical therapy for the right knee. On December 2, 2014 Utilization Review non-certified a prescription for an additional 12 visits (3 x 4) of physical therapy for the right knee based on the injured worker had undergone postoperative physical therapy, but it was unclear what type of surgery was done in June 2014. The MTUS, ACOEM Guidelines, Knee Complaints and the Official Disability Guidelines (ODG), Work Loss Institute, LLC; Corpus Christi, TX; Section: Knee and Leg (Acute & Chronic) (updated 10/27/2014) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for 3 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication includes components including menthol and methyl salicylate that are not listed in the California MTUS as recommended agents to be used as topical analgesics. Therefore criteria as set forth in the California MTUS have not been met; therefore, the request is not medically necessary.