

<b>Case Number:</b>	CM15-0017071		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 & Rehabilitation

### 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 69-year-old female, with a reported date of injury of 01/24/2008. The diagnoses include probable right medial meniscal tear, degenerative disc protrusion at C6-C7, right C7 radiculopathy, and atypical complex regional pain syndrome. Treatments have included an H-wave therapy, topical pain medications, and oral pain medications. The medical report dated 01/06/2015 indicates that the injured worker noted a 20% increase in his neck pain, thoracic pain, and bilateral hand pain. He continued to have locking in his right knee, but denied knee instability. The injured worker rated his pain an 8 out of 10. The physical examination showed painful range of motion of the neck, painful range of motion the thoracic spine, right medial joint line tenderness over the knee, and no effusion. The treating physician requested Methoderm (15% methyl salicylate, 10% menthol) to apply to his spine four times a day, an MRI of the right knee, and eight physical therapy sessions. The rationale for the MRI and the physical therapy was not indicated. On 01/13/2015, Utilization Review (UR) denied the request for eight (8) physical therapy visits, an MRI of the right knee, and Methoderm (15% Methyl Salicylate/140% Menthol). The UR physician noted that there was no evidence of a physical examination to support the need for further supervised physical therapy; no documentation of conservative treatment to the knee or what investigations have been done in the past; and the injured worker is on an oral narcotic medication and the need for a topical pain medication when the pain is all over, and not neuropathic in nature, is not apparent. The MTUS Chronic Pain Guidelines and the MTUS ACOEM 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 x8 visits:** Overturned

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

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

**Decision rationale:** This patient presents with neck, thoracic, and bilateral hand pain. The patient is not post-surgery. The treater is requesting PHYSICAL THERAPY X8 VISITS. The RFA was not made available for review. The patient's date of injury is from 05/03/2011 and his current work status is permanent and stationary. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any previous physical therapy reports. None of the reports mentioned recent physical therapy treatments. In this case, a short course of physical therapy is appropriate given the patient's chronic symptoms. The request is within guidelines and IS medically necessary.

### **Right Knee MRI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, MRI

**Decision rationale:** This patient presents with neck, thoracic, and right hand pain. The treater is requesting RIGHT KNEE MRI. The RFA was not made available for review. The patient's date of injury is from 05/03/2011 and his current work status is permanent and stationary. The ACOEM guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that soft tissue injuries -meniscal, chondral injuries, and ligamentous disruption- are best evaluated by an MRI. For "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." The records do not show any previous MRI of the right knee. The 11/11/2014 progress report shows that the patient continues to complain of right knee pain with locking. Examination shows right medial joint line tenderness. Bilateral patellar reflexes are absent. Achilles reflexes were 1. McMurray's procedure causes medial joint line pain. There was no ligamentous instability. The treater is requesting an MRI to rule out meniscal tear. The treating physician has documented continued chronic pain despite

conservative treatment, the examination findings indicate the possibility of a meniscus tear and the physician requires an MRI to rule out any surgical lesions. The current request is medically necessary and is supported by the ODG guidelines.

**Meds X1 compound (Menthoderm 15% Methyl Salicylate, 140% Menthol): Upheld**

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

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

**Decision rationale:** This patient presents with neck, thoracic, and bilateral hand pain. The treater is requesting MED X1 COMPOUND MENTHODERM 15% METHYL SALICYLATE, 14% MENTHOL. The RFA was not made available for review. The patient's date of injury is from 05/03/2011 and his current work status is permanent and stationary. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The records show that the patient was prescribed this compound cream on 08/12/2014. MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Given the lack of functional improvement including decreased levels of pain while utilizing this compound cream, the request IS NOT medically necessary.