MAXIMUS Federal Services

Case Number:	CM15-0122156		
Date Assigned:	07/06/2015	Date of Injury:	08/11/2014
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: 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 61 year old female, who sustained an industrial injury on August 11, 2014. Treatment to date has included home exercise, right knee surgery, and physical therapy. Currently, the injured worker complains of pain in the right knee. She has completed five to six physical therapy sessions and her range of motion has increased. The evaluating physician notes that her progress is slow and she has a decreased range of motion and weakness in the right leg. Her right knee incisions are well healed. She ambulates with the assistance of a cane and has a right limp. Her right calf is soft and non-tender with a negative Homan's sign. She has marked decreased range of motion of the right knee and range of motion elicits pain. The diagnoses associated with the request include bilateral patellar tendinosis of the right knee, status post right knee arthroscopy and bilateral chondromalacia of the patella. The treatment plan includes continued physical therapy for the right knee to increase range of motion, continued home exercise program, continued Norco and Naproxen, trial of Pennsaid 2% of the right knee and increased weight-bearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to right knee 2x wk x 4 wks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: MTUS Post Surgical Guidelines do not specifically address this surgery, but the Guidelines state that 12 sessions of post operative therapy are reasonable for more strait forward surgery (meniscal debridement) up to 24 sessions for more complicated issues. This procedure with chondroplasty falls somewhere in between these recommendations. The request for an additional 8 sessions brings the total up to 14 post operative sessions which is consistent with Guidelines. The additional physical therapy to right knee 2x wk x 4 wks is medically necessary.

Pennsaid 2% #1: 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: MTUS Guidelines support a trial of topical NSAIDs for this individuals condition, however the Guidelines do not support the concurrent use of topical and oral NSAIDs. The Guidelines note that topical use can have systemic absorption adequate to produce systemic side effects and nowhere is oral and topical use given any support. The requesting physician clearly documents that oral Naprosyn is to be continued at the same time as the topical Penssaid 2% #1 which is not compliant with Guidelines and is not medically necessary.