

Case Number:	CM15-0123491		
Date Assigned:	07/07/2015	Date of Injury:	11/19/2012
Decision Date:	08/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Internal 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 28 year old male who sustained an industrial injury on 11/19/12. The mechanism of injury was carrying 100 plus tires up and down stairs and ladders. He is currently experiencing left knee pain that worsens throughout the day with activity and ambulation; he has episodes of vein bulging near the calf with throbbing and aching; left small toe sensitive to touch and pain; daily right knee pain. On physical exam of the left knee there was moderate swelling with vein dilatation with decreased range of motion. Medications are ibuprofen, omeprazole, Methoderm cream. Diagnoses include left knee pain, status post left knee arthroscopy (2/6/14); intermittent right knee pain, compensable consequence due to chronic difficulty with left knee; prominent vein over the posterior medial upper leg and knee area post-surgery of 2/16/14. Diagnostics include MRI of the left knee (2/13/13) showing strain of anterior cruciate ligament, minimal effusion, bursitis, mild knee joint edema; MRI of the right knee (9/8/14) negative. In the progress note dated 4/17/15 the treating provider's plan of care included requests for venous ultrasound or Doppler studies for lower extremities because of dilatation of the left calf vein to rule out deep vein thrombosis as he is post knee surgeries with a high risk for developing deep vein thrombosis; vascular surgery consultant because of prominence of the vein to get proper recommendation; Methoderm topical cream since it does help to control the injured worker's chronic pain and improved activities of daily living and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venous ultrasound or Doppler studies for the lower extremities: 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) Venous Ultrasound.

Decision rationale: Ultrasonography of leg veins is a risk-free, non-invasive procedure that uses ultrasound technology to give information about the anatomy, physiology and pathology of both the superficial and the deep venous systems, (SVS) and (DVS). It is indicated mainly on the study of two pathologies: venous thrombosis and venous insufficiency. In this case, there is evidence of venous prominence in the left leg. There are no physical exam findings related to the right leg. There is no indication for bilateral venous ultrasound studies. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Vascular Surgery Consultation: 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 ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Vascular Surgery consultation. There is no evidence of arterial or venous issues requiring evaluation by a vascular surgeon. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Mentherm topical cream, prescribed on 4/17/15: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages

that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the medication, Methoderm contains methyl salicylate and menthol. There is no indication for the use of topical menthol for the treatment of chronic knee pain. There is no documentation of intolerance to other previous oral medications. The medical necessity of the requested topical medication has not been established. The requested topical analgesic medication is not medically necessary.