

Case Number:	CM15-0128426		
Date Assigned:	07/15/2015	Date of Injury:	08/29/2014
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, California

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:

This injured worker is a 30 year old female who reported an industrial injury on 8/29/2014. Her diagnoses, and or impression, were noted to include: left knee anterior cruciate ligament insufficiency, status-post previous anterior cruciate ligament reconstruction and status-post repeat, arthroscopic, revision/reconstruction surgery on 3/20/2015; and left knee posterior horn lateral meniscal tear. No current imaging studies were noted. Her treatments were noted to include consultations; surgery; physical therapy; medication management; and rest from work. The progress notes of 6/4/2015 reported a post-surgical follow-up visit regarding continued, severe left knee pain that was aggravated by activities and change in the weather, and for which Motrin, physical therapy, ice therapy, and rest were providing significant relief. Objective findings were noted to include no acute distress, and a healed left knee incision with moderate effusion. The physician's requests for treatments were noted to include physical therapy for the left knee because it has been helping her; and an analgesic compound cream in an attempt to increase function and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; 12 sessions (2x6), left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter and pg 54.

Decision rationale: According to the guidelines, up to 24 visits over 16 weeks of therapy is recommended for post-op ACL repair. In this case the claimant was only 3 months post-surgery and had completed only 6 of 12 initial sessions requested. The request for an additional 12 sessions is within the limits of request and is appropriate and medically necessary.

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle Baclofen are not recommended due to lack of evidence. In addition, topical Flurbiprofen is an NSAID which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Since the compound above contains these topical medications and the claimant does not have a diagnosis of arthritis. In addition, the claimant had been on other topical analgesics for a few months. Long-term use of topical analgesics is not recommended. The Flurbiprofen/Baclofen/Lidocaine cream is not medically necessary.