

Case Number:	CM15-0093625		
Date Assigned:	05/19/2015	Date of Injury:	08/30/2005
Decision Date:	06/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/14/2015

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 an 84 year old female, who sustained an industrial injury on 08/30/2005. On provider visit dated 03/24/2015 the injured worker has reported right knee pain that travels to her leg with noted numbness. On examination the right knee revealed tenderness to palpation and a decreased range of motion. The diagnoses have included status post right total knee arthroplasty with residue contracture, status post manipulation under anesthesia right knee, status post right total knee arthroplasty Fenison and status post right knee replacement. Treatment to date has included medication and laboratory. The provider requested flurbiprofen analgesic topical cream and right foot orthopedic shoe for prophylactic purposes to avoid exacerbation of the current injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen analgesic topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 29, 111-113.

Decision rationale: Based on the 01/09/15 progress report provided by treating physician, the patient presents with right knee pain travelling down the leg with numbness and tingling, rated 7/10. The request is for FLURBIPROFEN ANALGESIC TOPICAL CREAM. Per 06/20/11 report, patient is status post left knee arthroscopy 1986, 1988. Patient's diagnosis per Request for Authorization form dated 01/09/15 and 03/24/15 includes status post right total knee arthroplasty with residue contracture 2006, status post right knee replacement, status post right total knee arthroplasty 05/20/13, and status post manipulation under anesthesia 2011. The patient ambulates with an antalgic gait favoring the right. Physical examination to the right knee on 03/24/15 revealed visible well-healed incision and nonspecific tenderness. Patient is unable to squat rise, nor heel walk. Range of motion was decreased, especially on knee flexion 90 degrees. Treatment to date included surgeries, diagnostic studies, bracing and medications. Patient's medications include Ultram, Lyrica and Prilosec. The patient is retired and continues permanent and stationary, per 01/09/15 report. Treatment reports were provided from 10/31/05 - 03/24/15. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis, MTUS page 29 guidelines state that Flurbiprofen topical is recommended only as an option in patient's who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Per 01/09/15 report, treater states "Topical Medication for Joint Pain." The topical has been requested on 3/24/15 as well. This patient has undergone surgeries to the bilateral knees to include total knee replacement to the right knee. This NSAID topical would be indicated for patient's knee condition. However, treater does not discuss how the topical has been used for which body part and with what effectiveness in terms of pain reduction and function. MTUS requires recording of pain and function when medications are used for chronic pain. The request does not meet guideline recommendations. Therefore, the request IS NOT medically necessary.

Right foot orthopedic shoe: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot, Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Insoles.

Decision rationale: Based on the 01/09/15 progress report provided by treating physician, the patient presents with right knee pain travelling down the leg with numbness and tingling, rated 7/10. The request is for RIGHT FOOT ORTHOPEDIC SHOE. Per 06/20/11 report, patient is

status post left knee arthroscopy 1986, 1988. Patient's diagnosis per Request for Authorization form dated 01/09/15 and 03/24/15 includes status post right total knee arthroplasty with residue contracture 2006, status post right knee replacement, status post right total knee arthroplasty 05/20/13, and status post manipulation under anesthesia 2011. The patient ambulates with an antalgic gait favoring the right. Physical examination to the right knee on 03/24/15 revealed visible well-healed incision and nonspecific tenderness. Patient is unable to squat rise, nor heel walk. Range of motion was decreased, especially on knee flexion 90 degrees. treatment to date included surgeries, diagnostic studies, and medications. The patient is retired and continues permanent and stationary, per 01/09/15 report. Treatment reports were provided from 10/31/05 - 03/24/15. ACOEM and MTUS do not specifically discuss shoes. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 Methods of Symptom Control for Ankle and Foot Complaints states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA." UR letter dated 04/17/15 states "clinical documentation submitted for review did not indicate that the patient had plantar fasciitis or foot pain in rheumatic arthritis." Per 01/09/15 report, treater states "patient has been prescribed a Right Foot Orthopedic Shoe for prophylactic purposes to avoid exacerbation of the current injury." In this case, there is no mention of plantar fasciitis or ankle and foot complaints for which orthotics would be indicated. However, ODG supports insoles as an option for knee osteoarthritis. This patient has undergone surgeries to the bilateral knees to include total knee replacement to the right knee. This request appears reasonable and in accordance with guidelines. Therefore, the request IS/WAS medically necessary.