

Case Number:	CM13-0015637		
Date Assigned:	06/06/2014	Date of Injury:	02/28/2011
Decision Date:	07/23/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old female with date of injury 02/28/2011 and had right hand and wrist pain. She has been diagnosed with a trigger finger and de Quervain's tenosynovitis and has had surgical release for these two diagnoses on 03/06/2012. She has been treated with 20 post op visits but has had some issues with pain and range of motion on the most recent notes provided. She has been treated with pain medicine with non-steroidal and with as needed short acting opiates. The current request is for 6 sessions of physical therapy and for topical Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 6 SESSIONS OF PHYSICAL THERAPY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 58-60.

Decision rationale: This patient has had surgical procedures to help alleviate her chronic pain related to dequervains tenosynovitis and trigger finger. The standard post-op physical therapy was completed over 20 sessions. The notes provided show significant improvement but there is

still some range of motion and pain issues that flare and physical therapy, per the notes, shows improvement in both pain scores and functionality. Based on MTUS guidelines, post-surgical flares are reasonable to treat with physical therapy if such treatment truly shows benefit that is documented on exam, with functional improvement and/or improvement in pain. The guidelines have been met for the 6 sessions of physical therapy and I am reversing the prior UR decision.

PRESCRIPTION OF KETOPROFEN CREAM (DISPENSED ON 6/24/13): Upheld

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

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

Decision rationale: MTUS guidelines for topical analgesics vary depending on diagnosis and/or type of medication being prescribed. Ketoprofen, per MTUS guidelines, is not FDA approved for topical application and has a high incidence of photocontact dermatitis. Furthermore, marked systemic absorption of this drug may occur. Given that it is not FDA approved for topical use, it is not indicated per MTUS and the Ketoprofen topical cream is not medically necessary.