

<b>Case Number:</b>	CM13-0023145		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

### 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 52-year-old male who reported an injury on 08/20/2012 after carrying plywood. The patient was initially treated with physical therapy and medications. The patient underwent left shoulder arthroscopic decompression and left wrist carpal tunnel release in May 2013. The patient was treated postoperatively with physical therapy and medications. Physical findings included restricted left shoulder range of motion described as 150 degrees in flexion, 140 degrees in abduction, 60 degrees in internal rotation, and 70 degrees in external rotation. The patient reported 1-4/10 pain in the left shoulder. The patient's diagnoses included degenerative disc disease of the L3-4, L4-5, and L5-S1, left carpal tunnel syndrome, and left shoulder impingement. The patient's treatment plan included continuation of physical therapy, the inclusion of aqua therapy, and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**unknown prescription of Ketoprofen/Gabapentin/Tramadol cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60 and 111.

**Decision rationale:** The requested ketoprofen/gabapentin/tramadol cream is not medically necessary or appropriate. Clinical documentation submitted for review does indicate that the

patient has continued pain complaints of the left shoulder rated a 1/10 to 2/10. California Medical Treatment Utilization Schedule does not recommend use of any topical agent that has at least 1 drug or drug class that is not recommended. Ketoprofen is not currently FDA approved for topical application. Additionally, gabapentin is not recommended as there is no peer-reviewed literature to support the efficacy of this medication as a topical agent. California Medical Treatment Utilization Schedule also recommends each medication be introduced separately to establish the efficacy and contribution to functional benefit for each medication. Therefore, compounded agent with tramadol would not be supported. Therefore, the requested ketoprofen/gabapentin/tramadol cream is not medically necessary or appropriate.

**1 functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation..

**Decision rationale:** The requested Functional Capacity Evaluation is not medically necessary or appropriate. The patient continues to have functional deficits that prevent the patient from returning to work. American College of Occupational and Environmental Medicine state "in order for an injured worker to stay at or return successfully to work, he or she must be physically able to perform some necessary job duties. This does not necessarily mean that the worker has fully recovered from the injury or is pain free; it means that the worker has sufficient capacity to safely perform some job duties." Clinical documentation submitted for review does not provide evidence that the patient is at a functional status that would support the patient's return to work. Official Disability Guidelines state "if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive." Clinical documentation submitted for review does not provide evidence that the patient is planning to return to work at this time. There is no documentation that the patient is close to or at the maximum medical improvement. Therefore, a Functional Capacity Evaluation would not be medically necessary or appropriate at this time.

**18 physical therapy sessions for left shoulder (2 pool and 1 land per week):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines.

**Decision rationale:** The requested 18 physical therapy sessions for the left shoulder, 2 pool and 1 land per week, is not medically necessary or appropriate. The patient does have continued pain complaints and range of motion deficits that would benefit from active therapy. California

Medical Treatment Utilization Schedule does recommend up to 24 visits of physical therapy for the postsurgical treatment of this type of injury. The clinical documentation submitted for review does indicate that the patient has previously participated in postsurgical physical therapy. The patient has already undergone an initial course of treatment. The requested 18 additional physical therapy visits would exceed guideline recommendations. There are no exceptional factors noted within the documentation to exceed guideline recommendations. Additionally, California Medical Treatment Utilization Schedule recommends aquatic therapy when there is a need for nonweightbearing. The clinical documentation submitted for review does not provide any evidence that the patient would benefit from nonweightbearing physical therapy. As such, the requested 18 visits of physical therapy for the left shoulder 2 pool and 1 land per week is not medically necessary or appropriate.