

Case Number:	CM13-0037038		
Date Assigned:	12/13/2013	Date of Injury:	06/11/2012
Decision Date:	02/05/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 Oklahoma and Texas. 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. 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 23-year-old female who reported injury on 06/11/2012. The mechanism of injury was stated to be the patient was walking over a water pipe cover on an uneven surface and twisted their ankle. The patient was noted to be treated with physical therapy, a Cam walker boot, Epsom salts, activity modification, and anti-inflammatories. The patient's diagnoses were noted to include recurrent right ankle sprain and right ankle peroneal tenosynovitis. The request was made for physical therapy and topical ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and

myositis. The clinical documentation submitted for review indicated the patient had aggravated their right ankle on the Sunday prior to 05/23/2013. The recommendation was made that the patient be treated for ankle sprain and some therapy at least 2 times a week for 6 weeks. The clinical documentation submitted for review indicated the patient had previously had physical therapy; however, it failed to provide the functional benefit the patient had received. Additionally, it failed to provide the number of sessions the patient had participated in. There was lack of documentation indicating a necessity for 12 sessions of physical therapy as this would exceed guideline recommendations. The patient should be well versed in a home exercise program. Given the above, the request for physical therapy two times a week for six weeks is not medically necessary.

Topical Ketoprofen 20% cream: 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, Ketoprofen Page(s): 111, 112.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Regarding the use of ketoprofen: This agent is not currently FDA approved for a topical application. The clinical documentation submitted for review failed to provide the necessity for the requested medication. Additionally, as this medication is not FDA approved for topical application, and given the lack of documentation of exceptional factors, as well as the quantity being requested, the request for Topical Ketoprofen 20% cream is not medically necessary.