

<b>Case Number:</b>	CM14-0063590		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; twenty sessions of occupational therapy, per the claims administrator; twenty one sessions of physical therapy; and topical compounds. In an April 21, 2014, Utilization Review Report, the claims administrator denied a request for topical compounded medications, chiropractic manipulative therapy, an interferential unit; and a thumb brace. The applicant's attorney subsequently appealed. MRI imaging of the wrist of March 17, 2014 was notable for mild capsulitis, MRI imaging of the hand of March 17, 2014 was read as unremarkable. On December 11, 2013, it was suggested that the applicant was not working. The applicant was asked to employ Neurontin at that point in time. On February 14, 2014, the applicant presented with persistent complaints of wrist, hand, and thumb pain. An initial course of eight sessions of chiropractic manipulative therapy for the same was sought, along with a heating pad, x-rays of various body parts, MRI imaging of various body parts, and transportation to and from all physician appointments. A right hand and thumb brace were seemingly sought. The applicant was given a diagnosis of tenosynovitis of the right thumb, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Creams: FCMC cream and Keto Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, no rationale for selection and/or ongoing usage of the topical compounded creams in question was proffered. It was not stated why first-line oral pharmaceuticals could not be employed. It is further noted that ketoprofen, one of the primary ingredients in the compound in question, is not recommended for topical compound formulation purposes, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Chiropractic 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation are not recommended for issues involving the forearm, wrist, and/or hand, as are present here. Therefore, the request is not medically necessary.

**Right Thumb Brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, splinting is recommended as a first-line conservative treatment for de Quervain tenosynovitis, the diagnosis present here. The thumb brace in question will likely ameliorate the applicant's issues with the hand and wrist tenosynovitis. Therefore, the request is medically necessary.

