

Case Number:	CM14-0070171		
Date Assigned:	07/14/2014	Date of Injury:	05/04/2013
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 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 56 year-old female with date of injury 05/04/2013. The treating physician report dated 04/10/2014 indicates that the patient presents with pain affecting bilateral shoulders, left greater than right, neck pain radiating to her head, and bilateral wrist pain, right greater than left. Current physical examination findings reveal the patient's pain level of the neck is 6-8/10 and varies throughout the day. It is relieved by Tylenol. The patient's left wrist pain radiates to the forearm, causing swelling with a tingling sensation and numbness in bilateral wrists. She feels that her right wrist is not healed all the way from carpal tunnel release surgery on 12/16/2013. The patient has had x-rays of the right wrist and hand and EMG/NCV and has had physical therapy and injections as well as undergoing right carpal tunnel release. The patient's work status is temporary total disability. The current diagnoses include, carpal tunnel syndrome, osteoarthritis, joint pain, shoulder, elbow arthralgia, wrist arthralgia, shoulder impingement/bursitis, exostosis, unspecified site, muscle weakness, chest pain, unspecified sprain, shoulder/arm, sprain of wrist, and follow-up surgery. The utilization review report dated 04/25/2014 denied the request for additional physical therapy 2 times a week for 6 weeks based on the rationale of the patient already having 8 sessions of physical therapy. The utilization review report dated 04/25/2014 denied the request for ketoprofen 20% topical cream based on the rationale of there being no information provided as to the duration of treatment patient has already had.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks to the right hand/wrist: 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: This is a 56 year-old female who presents with carpal tunnel syndrome, joint pain in the shoulder, exostosis, sprain of shoulder/arm and sprain of wrist. The current request is for additional physical therapy 2 times a week for 6 weeks for right hand/wrist. MTUS guidelines allow for physical therapy 9-10 visits over 8 weeks for patient's condition. The patient has had 8 physical therapy sessions, although the medical records provided are unclear whether physical therapy was undertaken before or after her right carpal tunnel release surgery. There is no evidence provided that would indicate any extenuating circumstances as to why physical therapy outside the guidelines should be considered. Therefore, this request is not medically necessary.

Ketoprofen 20% topical cream; right hand/wrist: Overturned

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

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

Decision rationale: This is a 56 year-old female who presents with carpal tunnel syndrome, joint pain in the shoulder, exostosis, sprain of shoulder/arm and sprain of wrist. The current request is for Ketoprofen 20% topical cream; right hand/wrist. The MTUS guidelines support use of NSAID topicals for peripheral arthritis and tendonitis. The physician in this case has documented chronic right hand and wrist pain associated with arthritis/tendonitis. Request is considered medically necessary.