

Case Number:	CM14-0070785		
Date Assigned:	07/25/2014	Date of Injury:	09/07/2012
Decision Date:	08/28/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Surgery 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:

This 49-year-old male sustained an industrial injury on 9/7/12, due to a right hand crush injury. The 5/18/13 right shoulder MRI impression documented mild to moderate hypertrophic changes of the right acromioclavicular joint resulting from degenerative changes, and possible impingement syndrome. The 4/15/14 treating physician requested orthopedic referral given positive MRI findings for impingement and failure of conservative treatment. Conservative treatment included medications, 22 physical therapy visits, 30 acupuncture sessions, and a cortisone injection on 3/26/14 with only mild relief. Medications were reported as helpful. Physical exam documented tenderness over the right acromioclavicular joint, biceps tendon groove and superior deltoid. There was global right wrist tenderness. Phalen's and Tinel's were positive at the right wrist. There was 4+/5 right shoulder weakness with pain. The diagnosis was right shoulder tendonitis and impingement syndrome, right hand/wrist crushing injury, and right triangular fibrocartilage complex degeneration. The treatment plan included Motrin and Keto-Cap-Menthol Ultracream. The patient was continued on modified duty. The 4/24/14 utilization review denied the request for orthopedic consultation for the right shoulder as there was an absence of notable objective and imaging findings suggesting a condition that might benefit from surgery. The request for Keto-Cap-Menthol Ultracream was denied as there was no guideline support for Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation For The Right Shoulder.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have been met. MRI findings are positive for impingement syndrome. The patient has failed to improve despite comprehensive conservative treatment. It is reasonable to allow an orthopedic consult as the plan or course of care may benefit from additional expertise. Therefore, this request for orthopedic consultation for the right shoulder is medically necessary.

Keto-Cap-Menthol Ultracream 240gm - 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Guideline criteria have not been met. There is no documentation that the patient has failed oral medications to support the use of Capsaicin. Ketoprofen is not supported for topical use. Given the absence of guideline support for all components of this product, this product is not recommended by guidelines. Therefore, this request for Keto-Cap-Menthol Ultracream 240gm and 1 refill is not medically necessary.