

Case Number:	CM14-0099455		
Date Assigned:	10/02/2014	Date of Injury:	11/28/2009
Decision Date:	10/28/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Interventional Spine, 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 44 year old female with an injury date of 11/18/09. The 07/11/14 progress report by [REDACTED] states that the patient presents with pain in the neck, right shoulder, both wrists and both hands. Examination reveals tenderness and decreased range of motion of the cervical spine, right shoulder and both wrists. This handwritten report is partially illegible. The patient's diagnoses include: Cervical sprain/strain Possible internal derangement Status post arthroscopy right shoulder. The utilization review being challenged is dated 06/23/14. The rationale regarding acupuncture is that recent acupuncture visits lacked documentation of functional improvement. Reports were provided from 04/16/14 to 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient presents with pain in the neck, right shoulder, both wrists and both hands. The treater requests for 6 sessions of acupuncture. MTUS recommends an initial

trail of 6 sessions of acupuncture and additional treatments with functional improvement. The 04/14/14 treatment report shows a request for acupuncture in the treatment plan. The 05/29/14 acupuncture progress report shows the patient has 4 authorized visits remaining for a treatment diagnoses of cervical spine and right shoulder, and that the patient will transfer to acupuncture treatment to a location closer to her home. This is the only acupuncture treatment report provided. The request for authorization dated 06/13/14 requests for 6 acupuncture visits for the cervical spine. The treater does not discuss why additional treatment is desired. It is presumed the patient completed the initial trial of 6 sessions and a further 6 sessions are now requested. In this case, no documentation has been provided of functional improvement by the patient following her first course of acupuncture treatment as required by MTUS. Therefore recommendation is for denial.

Keto cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics guidelines pages has the following regarding topical creams Page(s): 111

Decision rationale: The patient presents with pain in the neck, right shoulder, both wrists and both hands. The treater requests for: Keto cream. Keto cream is a compound cream containing Ketoprofen. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." As Ketoprofen is not recommended for topical formulation. recommendation is for denial.