

<b>Case Number:</b>	CM15-0100249		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker (IW) is a 50-year-old female who sustained an industrial injury on 04/04/2011. Diagnoses include chronic residuals, cervical strain/sprain; chronic residuals, status post surgery for impingement release and questionable acromioclavicular joint release; and overuse of the right shoulder. Treatment to date has included medications, shoulder surgery, chiropractic treatment, physical therapy and ice application. X-rays of the cervical spine on 6/12/14 were unchanged from previous films. The left shoulder x-ray on the same date showed evidence of a questionable surgical procedure. According to the Orthopedic Re-Examination and Report dated 6/12/14, the IW reported some improvement in the left shoulder since surgery, but it continued to bother her. Lifting, carrying, pushing and pulling were difficult and at times, she still would get inflammation and swelling. In the right shoulder, she felt achy pain and weakness, and had occasional swelling. She also reported her neck still bothered her. Although it did not keep her from her working, her neck would become tight and spasm occasionally. On examination, there was guarding with all motion of the neck and slight spasming with flexion of the cervical spine in the trapezial muscle groups. There was weakness in both shoulders, greater on the left, but full painless range of motion. A request was made for additional post-operative physical therapy to the left shoulder three times weekly for four weeks and Ketoprofen 10% in base, 300grams with 3 refills as prescribed on 03/28/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy to the left shoulder (3x4): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. In this case the worker had completed the initial 12 visits and was appropriately re-evaluated. The recommendation was for continued PT to improve strength and ROM. The request would make 24 total visits and is keeping with the guidelines. Based on this it is medically necessary.

**Retrospective Ketoprofen 10% in base, 300 grams with 3 refills as prescribed on 3/28/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, Ketoprofen is not FDA approved for topical use and is not recommended. The request is for ketoprofen for topical use, and is not in keeping with guidelines. The requested treatment is not medically necessary.