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| Case Number: | CM15-0144901 | | |
| Date Assigned: | 08/05/2015 | Date of Injury: | 12/29/2011 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 57 year old female, who sustained an industrial injury on December 29, 2011, incurring bilateral hand injuries. She was diagnosed with bilateral severe carpometacarpal degenerative joint disease with subluxation of the joints, bilateral DeQuervains tenosynovitis and carpometacarpal cartilaginous destruction bilaterally. She underwent bilateral carpometacarpal arthroplasty. Treatment included anti-inflammatory drugs, cortisone injections, splinting, pain medications, proton pump inhibitor, topical analgesic cream, occupational therapy, physical therapy, modified activities and home exercise program. Currently, the injured worker complained of constant left wrist and thumb pain and right wrist and thumb pain. She noted stiffness, tightness, inflammation and limited range of motion in both hands. The treatment plan that was requested for authorization included twelve sessions of occupational therapy, toxicology screening and a prescription for Ketoprofen topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy; twelve (12) sessions (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional occupational therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of occupational therapy. ODG recommends a trial of occupational therapy. If the trial of occupational therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior OT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional occupational therapy is not medically necessary.

Ketoprofen 10% in base, #300gm with 3 refills to decrease inflammation and pain: 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 NSAIDs Page(s): 111-112.

Decision rationale: Regarding the request for topical ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is intended for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical ketoprofen is not medically necessary.

Toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Testing Page(s): 76-79.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances. However, there is documentation of a recent urine drug screening being done in 3/3015. There is no documentation regarding risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.