MAXIMUS Federal Services

Case Number:	CM15-0086687		
Date Assigned:	05/08/2015	Date of Injury:	09/16/2009
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 52 year old male, who sustained an industrial injury on September 16, 2009, incurring right shoulder, head and right knee injuries after a slip and fall. Magnetic Resonance Imaging of the right shoulder revealed tendinosis, partial tear and capsulitis. He was diagnosed with adhesive capsulitis of the right shoulder. Electromyography studies of the upper extremities were unremarkable. Right knee exercises were unremarkable. Treatment included multiple shoulder surgeries and manipulations, physical therapy, steroid shoulder injections, pain medications, and topical analgesics. Currently, the injured worker complained of decreased range of motion and chronic pain of the right shoulder. His pain level is an 8/10 and has 30% reduction in pain with analgesic patches and cream. The injured worker was not working at that time. The treatment plan that was requested for authorization included physical therapy sessions to the right shoulder and a prescription for Ketamine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the right shoulder 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines, Sprained shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical Therapy to the right shoulder 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The patient has had prior PT for the shoulder without evidence of significant functional improvement. The documentation indicates on progress note dated 3/9/15 that "the patient has had PT and acupuncture without much benefit." Additionally, the request exceeds the MTUS recommended number of visits for this condition. For all of these reasons the request for physical therapy to the right shoulder 12 is not medically necessary.

Ketamine 5% cream 60gms Qty 1: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Ketamine.

Decision rationale: Ketamine 5% cream 60gms Qty 1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The ODG does not support Ketamine. The MTUS states that topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The documentation indicates that the patient has a pain level of 8/10 and has a 30% reduction in pain with Butrans Patch and Ketamine cream. The patient states that this helps with ADLs around the home. He is not working and continues to have persistent pain with activity. The documentation does not reveal evidence of significant objective evidence of functional improvement or pain relief from Ketamine Cream alone. Furthermore, the MTUS states that this medication is still under study. For these reasons the request for Ketamine cream is not medically necessary.