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| Case Number: | CM14-0116889 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 07/24/1997 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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 & 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:

This case involves a 60-year-old male with a date of injury of 07/24/1997. The listed diagnoses include head injury; speech disorder; chronic cervical sprain; chronic lumbar sprain; right shoulder rotator cuff tears; and right wrist tendinitis. According to progress report 05/23/2014, the patient presents with continuous neck, bilateral shoulder, right hand and wrist, and low back pain. He also complains of reoccurring headaches with occasional dizziness. Physical examination of the cervical spine revealed range of motion was decreased on all planes. Cervical compression test is positive. Examination of the lower back revealed decreased range of motion and tenderness on palpation of the lumbar region. Examination of the shoulders revealed Neer's impingement and Hawkins impingement test both positive bilaterally. Examination of the right wrist revealed positive Tinel's, Phalen's, and Finkelstein's test on the right. The treater is requesting Keratek compound gel and physical therapy x 12. Utilization review denied the request on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel Menthol 16 %, Methyl Salicylate 28 %: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111,67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The treater is requesting Keratek analgesic gel. Keratek is a topical analgesic that contains menthol salicylate 20% and menthol 16%. The MTUS Guidelines allows for the use of topical non-steroidal anti-inflammatory drug (NSAID) for peripheral joint arthritis and tendinitis. In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Therefore, the request is not medically necessary.

Physical therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The treater is requesting physical therapy x12 sessions. The medical file provided for review which includes progress reports from 05/31/2013 through 05/13/2014 does not provide physical therapy treatment history. Utilization review indicates the patient has completed physical therapy in the past. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. The treater is requesting 12 sessions which exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.