

<b>Case Number:</b>	CM15-0016210		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 69 year old female, who sustained an industrial injury on 11/07/2012. She has reported left shoulder pain. The diagnoses have included cervical strain, left shoulder in pain, left wrist pain, and left knee pain. Treatment to date has included medications, injections, physical therapy, and surgical intervention. Medications have included Ibuprofen and Prilosec. Currently, the injured worker complains of constant left shoulder pain, with restricted range of motion; radiation of pain down the arm, upper back, neck, thumb, and middle finger; and numbness and tingling in the fingers. A treating physician's progress note, dated 12/01/2014, reported objective findings to include tenderness to palpation of the left shoulder; and decreased range of motion and weakness of the left shoulder. The plan of treatment includes MRI of the left shoulder; physical therapy; ice; and anti-inflammatory medication. On 01/16/2015 Utilization Review modified a prescription for Physical therapy 2 x a week x 6 weeks, to up to 10 PT sessions over 8 weeks; and noncertified a prescription for Kera-Tek-Gel. The CA MTUS, ACOEM and the ODG were cited. On 01/28/2015, the injured worker submitted an application for IMR for review of Physical therapy 2 x a week x 6 weeks; and for Kera-Tek-Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x a week x 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

**Decision rationale:** The injury was on 11/07/2012 and the patient already had treatment with physical therapy. MTUS, Chronic Pain, Physical Medicine allows a maximum of 10 physical therapy visits and the requested 12 physical therapy visits exceeds the MTUS maximum for the patient's condition. Also, by this point in time relative to the injury, the patient should have been transitioned to a home exercise program since there is not documented superiority of continued formal physical therapy over a home exercise program at this point in time relative to the date of the injury.

**Kera-Tek-Gel:** 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 Analgesic Page(s): 111 - 113.

**Decision rationale:** Kera-Tek is a compound topical medication that contains Menthol and Salicylate. There is no documentation that Menthol is an effective topical analgesic. MTUS guidelines note that if one part of a compound topical analgesic is not recommended then the entire compound is not recommended. Kera-Tek is not medically necessary for this patient.