

Case Number:	CM15-0111902		
Date Assigned:	06/18/2015	Date of Injury:	08/27/2011
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

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 49 year old male, who sustained an industrial/work injury on 8/27/11. He reported initial complaints of hands, shoulders, neck, and elbows pain. The injured worker was diagnosed as having bilateral shoulder impingement, cervical myofascial pain superimposed on cervical degenerative disc disease, multilevel, lumbar degenerative disc disease for bilateral overuse of upper extremities, and headaches. Treatment to date has included medication, injections, and surgery (left shoulder in 2013, bilateral carpal tunnel releases). MRI results were reported on 6/14/14 noted a focal disc herniation C2-7, with C6-7 disc protruding causing stenosis, as did C5-6 and C4-5. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on upper and lower extremities on 2/12/15, 2/13/15, and 3/23/15, 3/26/15. Currently, the injured worker complains of cervical pain (7/10), thoracic (6/10), lumbar spine (6/10), wrist/hand (5/10), and bilateral shoulder pain (5-8/10). Per the primary physician's orthopedic report on 5/12/15, examination noted tenderness of the cervical spine, range of motion: flexion 40 degrees, extension 30 degrees, left and right rotation 30 degrees, tilt at 30 degrees, diminished sensation left > right C5-7 dermatomal distributions median and ulnar distributions. Tenderness thoracic spine diffusely, limited motion. Tenderness lumbar spine with spasm, range of motion: flexion 35 degrees, extension 30 degrees, lateral tilt 30 degrees, diminished sensation L>RL4-S1 dermatomal distribution, positive straight leg raise bilaterally at 40 degrees. Tenderness of the shoulder, abduction 90 degrees, forward flexion 90 degrees, positive impingement signs, positive Jobe test. Tenderness right shoulder and positive impingement signs. Positive Tinel's/Phalen's bilateral wrists, Jamar right and left limited to no greater than 10 pounds on 3 attempts. The requested treatments include Chiropractic to lumbar spine and Ketoprofen 10% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times per week for 4 weeks to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for bilateral shoulder pain and for pain throughout his spine. When seen, pain was rated at 5-8/10. There was decreased spinal range of motion with tenderness. There was decreased upper extremity and lower extremity sensation and decreased lower extremity strength. Straight leg raising was positive. There was right shoulder tenderness with positive impingement testing. Tinel and Phalen testing was positive and there was decreased grip strength. Hydrocodone and cyclobenzaprine were being prescribed. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and not medically necessary.

Ketoprofen 10% cream ref times 3: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-112 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for bilateral shoulder pain and for pain throughout his spine. When seen, pain was rated at 5-8/10. There was decreased spinal range of motion with tenderness. There was decreased upper extremity and lower extremity sensation and decreased lower extremity strength. Straight leg raising was positive. There was right shoulder tenderness with positive impingement testing. Tinel and Phalen testing was positive and there was decreased grip strength. Hydrocodone and cyclobenzaprine were being prescribed. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac, which could be considered as a treatment option. The requested Ketoprofen 20% cream was not medically necessary.