

<b>Case Number:</b>	CM15-0174631		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial-work injury on 4-10-14. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement syndrome, right elbow medial epicondylitis, right wrist strain and sprain and cervical radiculopathy. Medical records dated (3-11-15 to 7-6-15) indicate that the injured worker complains of right shoulder pain 10 percent improved, right elbow pain 10 percent improved and right wrist and hand pain 10 percent improved. The injured worker states that the pain is the same overall and remains unchanged from previous visits. The right shoulder pain is rated 7-8 out of 10 on pain scale and he reports pins, needles, numbness and radiation of pain to the right upper extremity to the fingers. There is also popping noises in the shoulder and increased pain with activity and lying on the shoulder. The right elbow pain is rated 7-8 out of 10 on pain scale and the injured worker reports swelling at times and increased pain with any movement of the right upper extremity. The right wrist and hand pain is rated 5-8 out of 10 on pain scale and the pain radiates from the elbow to the wrist with swelling, numbness and tingling at times. He notes weakness in the right hand with decreased grip strength. He states that the medications reduce his pain to 6 out of 10 on pain scale and that the Ketoprofen cream helps reduce the pain. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 7-16-15 the injured worker is on temporary partial disability with restrictions. The physical exam 7-16-15 reveals that there is moderate tenderness of the periscapular muscles, there is pain with range of motion of the right shoulder, and there is decreased sensation into the right ulnar distribution. The right elbow exam reveals

edema and tenderness over the medial epicondyle, and positive Tinel's sign at the elbow. The right wrist and hand exam reveals tenderness over the volar aspect of the wrist and Tinel causes pain in the fifth digit. Treatment to date has included pain medication, Ketoprofen cream since at least 10-14-14, chiropractic at least 15 sessions with temporary relief, bracing, ice, home exercise program (HEP), diagnostics and other modalities. The Magnetic resonance imaging (MRI) of the right shoulder dated 7-9-15 reveals mild bursal sided fraying of the supraspinatus without a full thickness tear, retraction or atrophy of the rotator cuff. There is very mild acromial clavicular osteoarthritis. The Magnetic Resonance Imaging (MRI) of the right wrist dated 7-9-15 reveals mild extensor carpi ulnaris tendinopathy without a tendon rupture. The physician indicated in the medical record dated 7-16-15 that the EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 10-20-14 to the right upper extremity and was normal. The original Utilization review dated 8-13-15 modified a request for Physical therapy 2 times a week for 4 weeks, right upper extremity modified to certify a trial of 6 physical therapy sessions 2 times a week for 3 weeks and non-certified a request for CM3-Ketoprofen 20% as Ketoprofen is not FDA approved for topical use due to a high incidence of photocontact dermatitis and it contains multiple ingredients with no proven efficacy for use in topical application.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times a week for 4 weeks, right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion, and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has not participated in any physical therapy up to this point. Physical therapy could be beneficial in this case, and the amount requested is within the parameters of the established guidelines, therefore, the request for physical therapy 2 times a week for 4 weeks, right upper extremity is determined to be medically necessary.

**CM3-Ketoprofen 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the MTUS guidelines, topical formulation of Ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The request for CM3-Ketoprofen 20% is determined to not be medically necessary.