MAXIMUS Federal Services

Case Number:	CM15-0097901		
Date Assigned:	05/29/2015	Date of Injury:	09/15/2014
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, New York, 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 applicant is a represented 40-year-old State Compensation Insurance Fund (SCIF) beneficiary who has filed a claim for chronic hand, wrist, finger, mid back, neck, and low back pain reportedly associated with an industrial injury of September 15, 2014.In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve requests for 18 sessions of chiropractic manipulative therapy for the hand and wrist, and a ketoprofen-containing topical compound. The claims administrator referenced progress notes of March 18, 2015 and February 13, 2015 in its determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant received localized intense neurostimulation therapy (LINT).In a handwritten note dated April 29, 2015, difficult to follow, not entirely legible, it appeared that the applicant received chiropractic manipulative therapy, biofeedback, myofascial release therapy, electrical stimulation, and the localized intense neurostimulation therapy (LINT) also at issue. On April 15, 2015, the applicant was placed off of work, on total temporary disability, while multiple topical compounded medications, LINT, occupational therapy, physical therapy, MRI imaging of the cervical spine, lumbar spine, thoracic spine, hand, and fingers were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a ketoprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's highly templated progress note of April 15, 2015, furthermore, did not make it readily evident or readily apparent why the applicant could not employ what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals in favor of largely experimental topical compounds such as the agent in question. Therefore, the request was not medically necessary.

Chiropractic manipulation, 3 times a week for 6 weeks, for the left hand and all left digits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Similarly, the request for 18 sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation are not recommended for issues involving the hand and digits, i.e., the body parts at issue here. The request, furthermore, was framed as a request for an extension of previously performed chiropractic manipulative therapy. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, on total temporary disability, despite receipt of earlier unspecified amounts of manipulative therapy. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.