

<b>Case Number:</b>	CM13-0022875		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 50 year old female with a date of injury on 07/05/2011. She had a lifting injury to her right shoulder and right neck. She was lifting bundles of magazines into her car when she heard a pop and had right shoulder and right neck pain. She had a right shoulder MRI on 07/25/2011. She had supraspinatus and biceps tendonitis, bursitis or synovitis. There was no rotator cuff tear. She had similar results of a repeat MRI in 12/2013. On 08/22/2013 she had neck pain and right shoulder pain. Cervical range of motion was 80% of normal. Right shoulder range of motion was also decreased. Previously she had 20 physical therapy visits for the right shoulder that increased her range of motion and decreased her pain. She also had decreased cervical range of motion but never had physical therapy for the neck. In 01/2013 she had a cervical MRI. There have been no red flag signs and no cervical trauma since the MRI. In 08/2013, 12 physical therapy visits for the cervical spine were requested and 10 were certified. Also 8 physical therapy visits for the right shoulder were requested and 4 were certified. A request for 5% Lidoderm patches was certified for 30 patches over 2 months. A cervical x-ray was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 PHYSICAL THERAPY VISITS TO THE CERVICAL SPINE BETWEEN 8/16/13 AND 10/19/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** She has chronic right neck pain and never had cervical spine physical therapy. 12 visits were requested and 10 physical therapy visits were approved. The MTUS Chronic Pain allows for a maximum of 10 physical therapy visits; hence the previous recommendation. The requested 12 physical therapy visits is denied as not consistent with the MTUS guidelines and is not medically necessary.

**8 PHYSICAL THERAPY SESSION TO THE RIGHT SHOULDER BETWEEN 8/16/13 AND 10/19/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** There was no rotator cuff tear on the 07/25/2011 MRI (and again on the 12/2013 MRI). Previously she had 20 physical therapy visits for the right shoulder. ACOEM Chapter 9 suggests a few physical therapy visits for instruction in a home exercise program provided there are no red flag signs. 8 physical therapy visits were requested and 4 were certified - probably to re-educate the patient in a home exercise program. There is no documentation that continued formal physical therapy for an extended course is superior to a home exercise program at this point in time relative to the injury. The request for eight (8) physical therapy session to the right shoulder is not medically necessary.

**1 PRESCRIPTION FOR LIDODERM PATCHES 5% #30 BETWEEN 8/16/13 AND 10/19/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 56, 57.

**Decision rationale:** The request for the Lidoderm patch was approved so it is puzzling why it would be reviewed as an appeal unless more than 30 patches were requested. MTUS Chronic Pain notes that Lidoderm patches are only FDA approved for post herpetic neuralgia and that otherwise it is not a first line drug. There was no documentation that the patient failed treatment with gabapentin or an antidepressant. The use of Lidoderm patches is not consistent with MTUS chronic pain and was not being used in 10/2013 by this patient. The request for Lidoderm patches 5%, #30 is not medically necessary.

**1 CERVICAL X-RAYS BETWEEN 8/16/13 AND 10/19/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** There were no red flag signs of a neck injury at the time of the injury. She already had a MRI of the cervical spine in 01/2013 and there was no documentation of trauma since 01/2013. There was no numbness. There was no documentation of a cervical radiculopathy. There were no fractures or severe trauma noted. Further imaging studies of the neck would not be consistent with MTUS Chapter 8, Neck and Upper Back Complaints. The request for cervical x-rays is not medically necessary.