MAXIMUS Federal Services

Case Number:	CM13-0049984		
Date Assigned:	12/27/2013	Date of Injury:	07/15/2012
Decision Date:	02/27/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 44 year old male who reported an injury on 07/15/2012. The mechanism of injury was not provided. The patient was noted to have subjective complaints of neck and shoulder pain. The patient is noted to be currently in physical therapy as of 08/16/2013. The examination of the left shoulder revealed abduction of 120 degrees, forward flexion of 150 degrees, acromioclavicular joint tenderness, as well as crepitus was noted. The patient was noted to have a positive impingement sign, Hawkins, and Neer's sign. The patient's diagnosis was noted as left shoulder contusion with rotator cuff tendinopathy. The request was made to continue physical therapy, for a retrospective urinalysis, and Exoten-C lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 8 Sessions (2x4), left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide the objective efficacy of the requested treatment. There was a lack of documentation indicating the quantity of physical therapy the patient had participated in previously. Given the above and the lack of documentation, the request for physical therapy 8 sessions, 2 times a week for 4 weeks for the left shoulder is not medically necessary.

Retrospective Urinalysis to Monitor Medication Compliance: 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 Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the patient had documented issues of abuse, addiction, or poor pain control. Given the above, the request for urinalysis to retrospective monitor medication compliance is not medically necessary.

Exoten-C Lotion 0.002%/10%/20%: 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 Salicylates, Topical Analgesics, Capsaicin, Page(s): 105, 111,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),and http://www.drugs.com/otc/109253/xoten-c.html

Decision rationale: California MTUS, ACOEM does not specifically address Xoten C. Drugs.com indicated it is a topical analgesic containing Methyl salicylate, Menthol and 0.02% capsaicin. The California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to indicate the patient had not responded or was intolerant to other treatments. Additionally, the request failed to indicate the quantity of Exoten-C lotion being requested. Given the above, the request for Exoten-C lotion 0.002%/10%/20% is not medically necessary.