

Case Number:	CM13-0055288		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2008
Decision Date:	11/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Louisiana. 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 52 year old female who was injured on 07/13/2008. The mechanism of injury is unknown. Prior treatment history has included Celebrex, Cymbalta, Prilosec, Norco and Neurontin which the patient stated decreases her pain by 50%. Progress report dated 10/30/2013 documented the patient to have complaints of right shoulder and left ankle pain rated as 4/10. On exam, the right shoulder revealed tenderness to palpation over the AC joint and painful range of motion of 90%. She had mild swelling in the left foot over the lateral epicondyle. The patient is diagnosed with rotator cuff capsule strain/sprain, arthritis of the ankle/foot and degenerative joint disease of the knees. The patient has been recommended for 6 sessions of physical therapy for the shoulder as previous authorization has expired. Prior utilization review dated 11/17/2013 states the request for Physical Therapy 6 Visits is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, and Physical Therapy.

Decision rationale: Based on the Chronic Pain Medical Treatment Guideline, Physical Therapy is recommended for a time-limited treatment plan with defined functional goals, frequent assessments and modifications of the treatment plan based upon progression. In this case, there is a lack of documentation of objective gains from prior Physical Therapy to support the necessity of this request therefore, this request is not medically necessary at this time.

Dendracin Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/dendracin-lotion.html>.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. It is recommended for short-term use and is considered largely experimental in use with a few randomized controlled trials to determine efficacy and safety. In this case, there is a lack of supporting documentations to indicate the necessity of this cream and long-term use is not recommended therefore, this request is not medically necessary.