

Case Number:	CM13-0058901		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2005
Decision Date:	04/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/27/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 05/02/2005 after lifting a heavy object that caused injury to her bilateral shoulders. The patient's treatment history included physical therapy and medications. It was noted within the clinical documentation that the patient declined surgical intervention and corticosteroid injections to assist with pain resolution. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation of the right shoulder joint and severely limited range of motion secondary to pain. The patient's diagnoses included rotator cuff impingement. Treatment recommendations included transfer of care to a physical medicine and rehabilitation specialist secondary to the chronicity of the patient's injury and refill of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE AND REHABILITATION SPECIALTY CONSULTATION:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The requested specialty consultation for a physical medicine rehabilitation physician is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty consultations when additional expertise is needed to assist with treatment planning. The clinical documentation submitted for review does not provide a significant change in the patient's clinical presentation or that the patient has decided to undergo more invasive treatments to support the need for additional consultations. Therefore, the need for a specialty consult with a physical medicine and rehabilitation specialist is not medically necessary or appropriate at this time.

TRANSFER OF CARE TO PHYSICAL MEDICINE AND REHABILITATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The requested transfer of care to a physical medicine and rehabilitation specialist is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient has seen the treating physician for a significant period of time without a change in clinical presentation to support the need of transfer of care. The American College of Occupational and Environmental Medicine recommends specialty consultation and physician coordination for patients who need additional expertise. As there has been no significant change in the patient's treatment planning, the transfer of care of this patient would not be supported. As such, the requested transfer of care to a physical medicine and rehabilitation specialist is not medically necessary or appropriate at this time.

LIDODERM PATCHES #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The requested Lidoderm patches are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends continued use of these types of medications be supported by documentation of functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has had a significant change in functional benefit related to prior usage of this medication. Additionally, a quantitative assessment of pain relief was not provided to support the efficacy of this medication. Therefore, continued use would not be supported. As such, the requested Lidoderm patches #180 are not medically necessary or appropriate.