

<b>Case Number:</b>	CM13-0062024		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Geriatrics 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 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 beneficiary is a 33-year-old man with a date of injury of 8/28/13. His orthopedic surgeon evaluated him on 10/22/13. He complained of headache and 6/10 neck and mid/upper back pain. He also had 6/10 bilateral wrist pain. His physical exam was significant for tenderness to palpation and spasm over the cervical and thoracic paraspinal muscles and wrists with restricted range of motion. He had normal blood pressure and pulse. He reported that treatment helps with decreased pain, tenderness and spasm with physical therapy and improved function and activities of daily living. He was diagnosed with headaches, cervical and thoracic musculoligamentous sprain / strain, rule out cervical spine discogenic disease, bilateral wrist strain/sprain internal complaints, depression and sleep disturbance secondary to pain. The treatment plan is at issue in this review which consisted of 12 sessions of physical therapy, pain formula non-stick lotion, pain/cervicalgia/lumbago/osteoarthritis pm gel and cardiopulmonary testing. Prior evaluations include normal cardiac and pulmonary exam and no significant past medical history.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Decision for physical therapy x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, (2004), Chapter 2, Work Relatedness, pages 31-33:

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 98-99.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used in the past (unclear length of therapy) as a modality and a self-directed home program should be in place. . The records do not support the medical necessity for an additional 12 physical therapy visits in this individual with chronic neck and thoracic pain.

**Decision for pain formula Non-Stick AM lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 111-113.

**Decision rationale:** The Physician Reviewer's decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized 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. Regarding pain formula non-stick lotion, there is not documentation as to why this topical modality is indicated and to what areas it will be applied. The records do not provide clinical evidence to support medical necessity.

**Decision for pain/cervicalgia/lumbago/osteoarthritis PM gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 111-113.

**Decision rationale:** The Physician Reviewer's decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized 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. Regarding Pain/ Cervicalgia/ Lumbago/ Osteoarthritis PM Gel, there is no documentation as to why this topical modality is indicated and to what areas it will be applied. The records do not provide clinical evidence to support medical necessity.

**Decision for cardiopulmonary testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Estimation of cardiac risk prior to noncardiac surgery.

**Decision rationale:** The Physician Reviewer's decision rationale: This 33 year old injured worker has no prior history of any cardiac or pulmonary symptoms or comorbidities documented in the records. His cardiac and respiratory physical exam and vitals have been normal. Cardiopulmonary testing is very non-specific. The 2007 ACC/AHA guidelines recommends that the estimation of perioperative risk should integrate major, intermediate, and minor predictors of cardiac risk, functional capacity, the surgery-specific risk, and, when indicated, the results of noninvasive studies, including stress testing. In this injured worker with no active cardiac symptoms and no pending procedure or surgery, cardiopulmonary testing would not be indicated. The records do not support the medical necessity of cardiopulmonary testing.