MAXIMUS Federal Services

Case Number:	CM14-0003900		
Date Assigned:	02/10/2014	Date of Injury:	05/04/2012
Decision Date:	06/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 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 an employee of [redacted] and has submitted a claim for Rotator cuff tear, right shoulder associated with an industrial injury date of 05/04/2012. Treatment to date has included physical therapy, Flector patches, and modified duty work. Medical records from 2013 were reviewed showing that the patient sustained an industrial injury to his right shoulder after lifting a tree branch into the back of a truck on 05/04/2012. He had right shoulder pain but did not seek treatment until August 15, 2012. Physical examination of the right shoulder showed tenderness at the subacromial bursa, positive Neer and Hawkins impingement sign, positive empty can test, and forward flexion and abduction to 150 degrees and internal rotation to the S1 joint, all with pain. MRI of the right shoulder, dated August 16, 2013, showed full thickness rotator cuff tear with significant retraction. Utilization review from 12/18/13 denied the request for additional physical therapy 2x6 (12 sessions) because of no documentation of functional improvement. In addition, request for Flector patches was also denied because the California MTUS does not support topical NSAID use for chronic shoulder pain patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: As stated on page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, the patient was approved for 12 supervised physical therapy sessions on October 2013, however, the number of total visits completed was not clear due to lack of documentation. A progress report, dated 12/03/2013, cited that he already received "extensive" physical therapy; however, there is still persistence of pain and restricted range of motion. Patient reported beneficial effects from therapy, although he was already advised that surgery is the primary cure for rotator cuff tear. It is unclear as to why additional physical therapy for 12 sessions is needed. Patient is expected to be well-versed in a self-directed home exercise program by now. Furthermore, there are no defined functional goals that he should achieve upon re-enrollment to this program. Therefore, the request for additional physical therapy 2 times a week for 6 weeks for the right shoulder is not medically necessary.

FLECTOR PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guideline state that topical Non-Steroidal Anti-Inflammatory Drugs (NSAID), such as diclofenac (Flector patch), have been shown in meta analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. In this case, patient was given this medication since December 2, 2013 due to persistence of pain despite oral NSAIDs use. Patient is likewise on multiple oral medications, such as, Lexapro, Ativan, and Seroquel; hence an adjuvant topical analgesic may be necessary to limit side effects. However, the requested quantity is not specified. The request is incomplete; therefore, the request for Flector patch is not medically necessary.