

Case Number:	CM14-0100371		
Date Assigned:	09/12/2014	Date of Injury:	04/16/2004
Decision Date:	11/05/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine and Pulmonary Diseases 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 injured worker is 62 year-old male who reported a work related injury on 04/16/2004. The mechanism of injury was not provided for review. The injured worker's diagnoses include multilevel herniated nucleus pulposus of the lumbar spine with stenosis, right knee medial meniscal tear, status post left knee arthroscopy, and left medial compartmental arthropathy. Past treatment has included physical therapy and medication. The surgical history included a left knee arthroscopy and a left medial compartmental arthropathy. Upon examination dated 05/29/2014 the injured worker noted he had some improvement in his low back symptoms as well as paresthesias in his legs. He did indicate that he was not back to his baseline to what he was before this exacerbation. Examination of the lumbar spine revealed tenderness to the lower lumbar paravertebral musculature. Forward flexion was noted to be 60 degrees, extension 10 degrees, and lateral bending 30 degrees. It was also noted that strength to the lower extremities was globally intact with a negative straight leg raise bilaterally. Examination of the knees bilaterally revealed tenderness along the medial joint line and pain with deep flexion. The injured workers prescribed medications were not provided for review. The treatment plan consisted of 12 sessions of physical therapy and topical Flector patches. The rationale for the request continued increased back pain. The request for authorization form was submitted for review on 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy: Upheld

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

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

Decision rationale: The request to continue Physical therapy 12 sessions is not medically necessary. The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worked completed physical therapy. However, documentation regarding those sessions were not provided for review. There no was mention of functional improvements and exceptional factors to warrant additional visits. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Additionally, the clinical documentation did not provide any current significant functional deficits or quantifiable objective functional improvements with regards to the lower back with previous physical therapy sessions. Furthermore, there is no documentation of any significant residual functional deficits to support the request for additional therapy. Therefore, the request to continue Physical therapy 12 sessions is not medically necessary.

Topical Flector Patches #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.flectorpatch.com>, Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request for Topical Flector patches #60 with 2 refills is not medically necessary. The California MTUS state topical analgesics are primarily recommended for neuropathic pain after the failure of first-line therapies. The Flector patch is noted to contain diclofenac, a nonsteroidal anti-inflammatory drug (NSAID). In regards to Diclofenac the guidelines also state Diclofenac and other NSAIDs are recommended at the lowest dose for the shortest period of time in individuals with moderate to severe osteoarthritis pain. The injured worker was not noted to have a diagnosis of osteoarthritis. Additionally, there is not documentation of a first-line NSAID being prescribed prior to the consideration of topical Flector patches #60. Furthermore, the request, as submitted, did not specify a frequency of use. For the reasons noted above, the request for Topical Flector patches #60 with 2 refills is not medically necessary.

