MAXIMUS Federal Services

Case Number:	CM14-0010291		
Date Assigned:	03/28/2014	Date of Injury:	08/28/2013
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/27/2014

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 Family Medicine 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:

This patient's date of injury was 08/28/'13. The patient's treating physician is treating him for "sprain shoulder/arm NOS, sprain elbow/forearm NOS, wrist sprain and sprain/strain of the hand." The injuries occurred while the patient performed repetitive motions as a cook in a restaurant. On exam on 11/05/'13 he complained of blurry vision, numbness and tingling, and bilateral knee pain. On exam he exhibited tenderness in the trapeze and rhomboid muscles, plus chest wall muscles and upper extremities. He had positive Tinnel's signs. Both wrists were tender and there was a positive impingement sign of the shoulder. The physician is requesting additional physical therapy sessions PT 2 x 4, compounded medications for topical use, and referral to NIOSH.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2 X WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines PHYSICAL THERAPY GUIDELINES Page(s): 114. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, SUFFERING AND RESTORATION OF FUNCTION,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines Chapter 8, Neck and Upper Back Complaints, pages 173 - 174.

Decision rationale: The patient has chronic pain in multiple body regions, including the upper back, shoulders, and upper limbs. In order to proceed with physical therapy, there must be a time limited clinical plan with close monitoring. The documentation must include the patient's progress in meeting the goals. There is no such documentation Based on the documentation resented, the request for additional physical therapy is not medically necessary and appropriate.

COMPOUND CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The patient has chronic pain in multiple body regions, including the upper back, shoulders, and upper limbs. The creams contained: Flurbiprofen/Lidocaine/Amitriptyline and Gabapentin/Cyclobenzaprine/Tramadol. Topical compounded medicinals cannot be recommended, because there aren't studies that show any benefit for chronic aches and pains. Their use is considered experimental. Additionally, if the compound contains at least one drug (or drug class) that is not recommended, then the cream is not recommended. Flurbiprofen is an Non-Steroidal Anti-Inflammatory Drugs (NSAID). Studies have failed to show any efficacy for topical NSAIDS. The request for compounded medications is not medically necessary and appropriate.

NIOSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

Decision rationale: The treating physician has requested referral to NIOSH; however, the documentation does not address the necessary features in order to recommend this service. Some of the required data include: analysis of ADL's (Activities of Daily Living) and objective measures of performance. Based on the documentation presented, the request for NIOSH is not medically necessary and appropriate.