MAXIMUS Federal Services

Case Number:	CM14-0118095		
Date Assigned:	08/06/2014	Date of Injury:	11/02/2011
Decision Date:	10/01/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgery, has a subspecialty in Pediatric Orthopedics, and is licensed to practice in Texas and Colorado. 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 a 53-year-old male who reported an injury on 11/02/2011 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the left shoulder. The injured worker failed to respond to conservative treatment and ultimately underwent surgical intervention on 11/16/2013. This was followed by postsurgical physical therapy. The injured worker was evaluated on 05/16/2014. It was indicated that the injured worker was improving, however, was complaining of increased pain. Physical findings included left shoulder range of motion described as 160 degrees in flexion, 36 degrees in extension, 115 degrees in abduction, 35 degrees in adduction, 65 degrees in internal rotation, and 70 degrees in external rotation. The injured worker's diagnoses included status post left shoulder arthroscopic surgery, sprain/strain of the left wrist, and sprain/strain of the left hand. A request was made for 6 additional physical therapy visits for the left shoulder to address increasing pain complaints. A request was made for a psychological evaluation. However, no justification was provided to support the request. A request was made for a topical analgesic to provide local pain relief. A Request for Authorization form dated 05/16/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physiotherapy 2X6: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker previously participated in postoperative physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the injured worker is participating in a home exercise program. Due to increasing pain complaints, a short course of physical therapy would be indicated to re-educate and re-establish a home exercise program for the injured worker. However, the requested 12 additional physical therapy visits is considered excessive. There are no factors to preclude further progress of the patient while participating in a home exercise program. Furthermore, the request as it is submitted does not identify an applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.

Psychology Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend psychological evaluation for injured workers who are at risk for delayed recovery. However, the clinical documentation submitted for review does not provide any evidence of emotional deficits that would interfere with recovery. There is no documentation of depression or anxiety to complicate the recovery process. Therefore, a psychological evaluation would not be supported in this clinical situation. As such, the request is not medically necessary or appropriate.

Flurbiprofen 10%/ Capsaicin 0.25%/Menthol 2%/Camphor 1% cream: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of topical nonsteroidal anti-inflammatory drugs when there is evidence that the injured worker has failed to respond to oral formulations of nonsteroidal anti-inflammatory drugs. The clinical documentation does not provide any evidence that the injured worker is nonresponsive to oral medications and requires topical formulations. Furthermore, the California Medical Treatment Utilization Schedule does not support the use of capsaicin unless the patient has failed to respond

to other first line treatments to include anticonvulsants and antidepressants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to first line medications. In the absence of this information, the requested medication would not be supported. Furthermore, the request as it is submitted does not provide a frequency of treatment or an applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.