MAXIMUS Federal Services

Case Number:	CM14-0122340		
Date Assigned:	08/06/2014	Date of Injury:	01/17/2008
Decision Date:	10/02/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational 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 is a 57-year-old female with a 1/17/08 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 5/7/14, the patient complained of moderate to severe right shoulder pain that was sharp, burning, and had numbness. A majority of this report was illegible. Objective findings: tenderness of right shoulder, limited right shoulder ROM. Diagnostic impression: CRPS right upper extremities. Treatment to date includes medication management and activity modification. A UR decision dated 7/10/14 denied the requests for physical therapy and lidoderm patch. Regarding physical therapy, the patient is 6 years status post injury and there is no documentation of any significant functional improvement from prior physical therapy. Regarding Lidoderm patch, there is no clear evidence of failure of first-line medications. Furthermore, the documentation notes that this medication has been utilized for at least a year, but there is no clear documentation of quantifiable pain relief and functional improvement from prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions (3x4) right shoulder, right upper trap, and right periscapular area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 page(s) 98-99, 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 114 Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS stresses the importance of 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, this patient has a 2008 date of injury, and likely has had physical therapy previously. There is no clear description of prior functional gains or improvements in activities of daily living from the prior physical therapy sessions. In addition, it is unclear how many physical therapy sessions the patient has previously had. Guidelines only support 10 sessions of physical therapy over 8 weeks for shoulder sprains. Further information would be necessary to substantiate this request for physical therapy. Therefore, the request for Physical therapy 12 sessions (3x4) right shoulder, right upper trap, and right periscapular area was not medically necessary.

Lidoderm patch 5%: 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 9792.24.2 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request for Lidoderm Patch 5% Patch was not medically necessary.