

<b>Case Number:</b>	CM14-0125540		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 10/20/2009 due to a motor vehicle accident. His diagnoses include right shoulder bursitis/tenosynovitis, right shoulder impingement syndrome, lumbar spine sprain/strain, and left lower mangled extremity. Past treatments included 12 visits of physical therapy for the lumbar spine, medication, and surgery. On 02/17/2014, the injured worker complained of constant right hand/wrist pain, low back pain and left thigh pain. The physical examination revealed limited lumbar range of motion and a negative straight leg raise. On 07/01/2014, the injured worker noted neck pain, constant right shoulder pain, right wrist/hand pain, and constant low back pain aggravated with movement. In addition, the injured worker complained of left thigh stump pain due to an above the knee amputation. Upon physical examination, the injured worker was noted to have limited range of motion with flexion and extension maneuver of the lumbar spine. No physical examination findings related to the cervical spine or right shoulder were included. The medications included tramadol 50 mg, over the counter medication for constipation and vitamins. The treatment plan included medication and an authorization for additional physical therapy to the cervical spine, right shoulder, right trapezius, and lumbar spine. The request was received for PT 2 times 6 cervical spine, right shoulder, right trapezius, and lumbar spine, and Flector patches #60. The rationale included flare up pain management for symptomology. A Request for Authorization form was submitted 07/16/2014 for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2x6 Cervical spine, Right shoulder, Right trapezius and Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines  
PHYSICAL THERAPY: PHYSICAL MEDICINE.

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

**Decision rationale:** The request for PT 2x6 cervical spine, right shoulder, right trapezius and lumbar spine is not medically necessary. According to the California MTUS Guidelines, physical medicine guidelines indicate that 8 to 10 visits may be allotted for neuralgia, neuritis, and radiculitis. The injured worker is noted to have right shoulder, right wrist, lumbar, and left lower extremity pain. However, documentation failed to provide functional deficits in regard to motor strength of the cervical spine, right shoulder, and right trapezius. In addition, the documentation indicated the injured worker to have completed 12 physical therapy visits to the lumbar spine with decreased range of motion. The evidence lacked evidence of objective functional improvement from the previous physical therapy. Based on the lack of documentation showing objective functional deficits related to the cervical spine, right shoulder, and right trapezius, physical therapy would not be supported for these areas. Additionally, in the absence of documentation showing objective functional improvement in the lumbar spine from previous physical therapy, additional sessions are also not warranted for the lumbar spine. Moreover, the number of visits requested exceeds the guideline recommended maximum treatment of 10 visits. As such, the request PT 2x6 cervical spine, right shoulder, right trapezius and lumbar spine is not medically necessary.

**Flector patches #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-48. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector® patch (diclofenac epolamine)

**Decision rationale:** The request for Flector patches #60 is not medically necessary. According to the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. However, it may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is lack of evidence that substantiated efficacy beyond two weeks. The injured worker was noted to have pain in the right shoulder, right wrist, lumbar spine, and left lower extremity. Based on the medication not being recommended as a first-line treatment, lack of evidence to support use, effectiveness, and safety for musculoskeletal pain beyond two weeks, the request is not supported by the guidelines. In addition, the request fails to provide a dosage and frequency. As such, the request for Flector patches #60 is not medically necessary.

