

Case Number:	CM14-0132894		
Date Assigned:	08/22/2014	Date of Injury:	11/13/2013
Decision Date:	09/18/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 47 year old female who sustained a work related injury on 11-13-13. The claimant has a diagnosis of shoulder strain, fibromyositis and low back pain. Office visit on 8-1-14 notes the claimant has right sided neck pain, low back pain and shoulder pain. She has right upper extremity weakness, numbness and spasms. She takes Etodolac with mild relief. The claimant performs a home exercise program. On exam, she has a normal gait. The claimant has had physical therapy and there is a request for additional physical therapy and refill of Etodolac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - physical therapy.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that regarding physical therapy, one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. Medical Records reflect the claimant has participated in physical therapy. Her most recent office visit from 8-1-14 notes she has a normal gait. There was no documentation of functional deficits at the lumbar spine. The claimant is performing a home exercise program. Therefore, the medical necessity of physical therapy at this juncture is not established. The request for Physical Therapy Two Times a Week for Three Weeks for the Lumbar Spine is not medically necessary.

Etodolac ER 600mg #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - NSAIDS.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. This claimant sustained a work injury over 10 months ago. The long term use of an NSAID at this juncture is not supported. Additionally, she reports mild pain relief with this medication. Therefore, the request for Etodolac ER 600mg #30 with 2 refills is not medically necessary.