

Case Number:	CM14-0152783		
Date Assigned:	09/23/2014	Date of Injury:	06/13/2012
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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:

The patient is a 66-year-old female who has submitted a claim for Pain in joint, shoulder region associated with an industrial injury date of June 13, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of continued pain in her left shoulder despite surgery. Pain was described as constant, worse with use and improved with rest. Examination of the right shoulder revealed normal findings other than tenderness of the greater tuberosity, resisted abduction strength of 4/5, and resisted external rotation strength of 4/5. Examination of the left shoulder revealed normal findings other than well-healed scars and resisted abduction strength of 4/5. Range of motion was normal for both shoulders. Patient was diagnosed with left shoulder tendinitis, left shoulder status post AC joint resection, s/p left shoulder arthroscopy SAD and rotator cuff repair, right shoulder full thickness rotator cuff tear, right shoulder impingement syndrome, right shoulder AC joint arthrosis and depression. Treatment to date has included surgery (for the left shoulder), postoperative physical therapy, shoulder injections and medications (Diclofenac XR, Omeprazole and Tramadol SR). The records do not indicate the date of the surgery but careful review of the notes reveal that it must have been between November and January 2013. A progress note dated 1/28/2014 mentioned that the patient will "change therapist for post-operative physical therapy 3 times 6 weeks for strengthening and home exercise program." Utilization review from August 18, 2014 denied the request for Flector patches to relieve pain, 18 physical therapy visits for the left shoulder and Functional capacity assessment (FCA). The request for Flector patches was denied because of various reason: 1) The physician did not provide the number of patches to be issued, 2) The guidelines do not recommend the use of Flector patches for the shoulders, and 3) The patient did not have documented failure of routine forms of treatment of shoulder pain with oral anti-inflammatory medications. The request for physical therapy was denied because 1) the date

of the patient's last surgery is unknown, 2) the patient already has full ROM which is comparable to the other side, symmetrical and has good strength except for abduction which is minimally weak, and 3) there was no rationale provided as to why the patient cannot do a self-directed active home program. The request for functional capacity assessment was likewise denied because 1) it is not clear that the doctor is returning the patient to work, 2) it is not clear that he has physical demand analysis and 3) there was no rationale provided by the doctor as to the medical necessity of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches to relieve pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Page 112 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32g per day (8g per joint per day in the upper extremity and 16g per joint per day in the lower extremity) and the most common adverse reactions were dermatitis and pruritus. In this case, the patient presented with shoulder complaints and was prescribed Flector patches that contain Diclofenac. The guidelines do not recommend the use of topical Diclofenac for shoulder complaints because of limited evidence of efficacy and high adverse effects. Moreover, the request is incomplete because it does not state the number of patches desired. Therefore, the request for Flector patches to relieve pain is not medically necessary.

18 physical therapy visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines, Shoulder chapter, states postsurgical treatment of up to 24 post-operative physical therapy visits over 14 weeks for patients who underwent arthroscopic surgery are recommended with postsurgical physical medicine treatment period of 6 months. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. In this case, the patient had arthroscopic surgery for

the left shoulder sometime between November 2013 and January 2014. Progress notes mention that the patient received 3 times 6 weeks of postoperative physical therapy even though physical therapy progress notes are not in the medical records submitted for the review. Given this number of accomplished visits, the 18 requested additional visits are still in the 24 recommended visits for postoperative therapy by the guidelines. However, the 6-month period when this therapy should be conducted had already passed. There was no rationale provided to justify deviance from the guidelines. Therefore, the request for 18 physical therapy visits for the left shoulder is not medically necessary.

Functional capacity assessment (FCA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, there was no mention in the records of the patient having prior unsuccessful return to work attempts and being close to maximum medical improvement. The criteria for FCE consideration are not met. Therefore, the request for functional capacity assessment is not medically necessary.