

Case Number:	CM14-0154499		
Date Assigned:	09/24/2014	Date of Injury:	03/24/2014
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 37-year-old male sustained an industrial injury on 3/24/14. Injury occurred when a garbage truck lost its brakes and rolled back, crushing the patient between the garbage truck and another vehicle. There was a loss of consciousness. The patient was diagnosed with traumatic brain injury, intracranial hemorrhage, left sided rib fractures, hemoperitoneum, lumbar spinous process and transverse process fractures, pubic diastasis and bilateral sacroiliac diastasis, and small left pneumothorax. He underwent an exploratory laparotomy with evacuation of the hemoperitoneum, small bowel resection, suture ligation of mesenteric hemorrhage, repair of serosal tear in the proximal jejunum, and left chest tube thoracostomy on 3/24/14. The patient underwent closed reduction and manipulation with screw fixation of the pelvic/left sacroiliac joint, pubic symphysis fracture open reduction and internal fixation, and placement of temporary external fixation across the pelvic ring on 3/28/14. The patient was transferred to a rehabilitation center on 4/11/14. The 7/10/14 treating physician report cited discomfort in the lumbar spine and left lower extremity, getting better and overall improving. The patient was currently in a rehabilitation program. He had continued appreciable left side pelvic aching and discomfort making it difficult to stand or sitting too long. Physical exam documented the patient was able to independently ambulate with less distress. Bilateral hip joint and left pelvic sacral wound sites were healing well with no signs of infection but were oversensitive to touch. There was continued left lower extremity swelling, but decreased compared to previous visits. X-rays demonstrated left L4 and L5 transverse process fracture healing, pelvic sacroiliac joint and pubic symphysis separation healing well with healthy callus formation and good alignment. The implant was in proper position. The treatment plan recommended continued intensive physical therapy rehabilitation program 3x4, pelvic hardware removal, and follow-up in 6 weeks with repeat x-ray of the pelvis. The 8/21/14 utilization review modified the request for 12 additional

physical therapy visits to 6 visits consistent with guideline recommendations considering prior treatment received and functional benefit. The request for pelvic hardware removal was denied as there were no imaging findings suggestive of broken hardware. The request for a repeat pelvis X-ray was denied as the most recent x-ray showed the left L4 and L5 transverse process fractures were healing, the pelvic sacroiliac joint and pubic symphysis separation were healing well with healthy callus formation, and the patient's condition was overall improving. The request for Terocin patches was denied as there was no evidence of non-response or intolerance to other treatments to support all components of this compound topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California Post-Surgical Treatment Guidelines for fracture of the pelvis suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. The post-surgical treatment period expired on 7/24/14. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The patient had recently completed 7 physical therapy sessions, in addition to his in-patient care. The 8/21/14 utilization review modified the request for 12 additional visits and approved 6 additional visits based on prior functional benefit and to allow for documentation of continued functional improvement. There is no compelling reason to support additional supervised therapy beyond that currently approved. Therefore, this request is not medically necessary.

TEROCIN PATCH: 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): 111-113.

Decision rationale: The California MTUS does not provide specific recommendations for Terocin patches. Terocin patches include capsaicin, lidocaine, menthol, and methyl salicylate. Lidocaine patches are recommended for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). Capsaicin is supported as an option in patients

who have not responded or are intolerant to other treatments. Guideline criteria have not been met for continued use of this medication. There is no clear evidence of neuropathic pain. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no documentation of objective functional benefit with use of this medication. There is no clinical evidence that the patient has failed first-line neuropathic treatment, or has not responded to or is intolerant of other treatments. Therefore, this request is not medically necessary.

1 PELVIC HARDWARE REMOVAL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Hardware implant removal (fracture fixation)

Decision rationale: The California MTUS guidelines do not provide recommendations for hardware removal. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. Guideline criteria have been met. This patient presents with persistent left sided pelvic aching and discomfort that causes difficulty in sitting or standing too long. There is no evidence of broken hardware. There is no clinical evidence suggestive of infection or other pain generators. Given the on-going pain and associated functional difficulty, this request is medically necessary.

1 REPEAT X RAY PELVIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, X-Ray

Decision rationale: The California MTUS guidelines do not provide recommendations for hip and pelvic x-rays. The Official Disability Guidelines state that plain radiographs (x-rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. Guideline criteria have been met. This request is for follow-up films at the next treating physician appointment to assess continued fracture healing. Therefore, this request is medically necessary.