

Case Number:	CM14-0032779		
Date Assigned:	06/20/2014	Date of Injury:	11/19/2011
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 46 year-old male who was reportedly injured on November 19, 2011. The mechanism of injury was a tripping injury causing claimant to land on the right shoulder. The most recent progress note, dated January 16, 2014, indicated that there were ongoing complaints of constant right shoulder pain. Level of pain was 7/10. The physical examination revealed tenderness over deltoid with decreased range of motion. Strength and sensation were intact. Diagnostic imaging studies are listed from 2011 to 2012 but unavailable for viewing. Previous treatment included ibuprofen, Lidoderm patches, status post (s/p) right shoulder scope, physical therapy and injections. A request was made for an initial interdisciplinary HELP evaluation for functional restorative program and Lidoderm patch 5% and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Interdisciplinary HELP Evaluation for functional restoration program.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interdisciplinary rehabilitation programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: The records indicated a painful shoulder situation and there was no notation of a problem that did not require a consultation. The intent appeared to be entrance into a chronic pain program (functional restoration) and the parameters for such a protocol were not met. Therefore, there was insufficient clinical information to establish medical necessity for this evaluation.

Lidoderm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS supports the use of lidocaine for patients with neuropathic pain who have failed antidepressants or anticonvulsants as first line treatment. There was no objectified neuropathic lesion objectified. The pain appeared to be nociceptive in nature. Based on the documentation provided, the injured employee had chronic shoulder pain following a shoulder arthroscopy. As such, the request is considered not medically necessary.