

Case Number:	CM14-0036595		
Date Assigned:	06/25/2014	Date of Injury:	04/05/2010
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 45-year-old female who was reportedly injured on April 5, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 31, 2014 indicates that there are ongoing complaints of pain in the neck, shoulder, and elbow on the right side. The physical examination of the shoulder noted tenderness at the acromioclavicular joint, the bicycle groove, and decreased shoulder range of motion. There was a positive Hawkins test and Neer's test. Was a positive cubital tunnel Tinel's test at the elbow and tenderness over the medial epicondyle, lateral epicondyle, and olecranon. A request was made for physical therapy for the right shoulder and elbow, Amitramadol, and Gabaketolido and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder (updated 02/20/14), Physical Therapy Guidelines.

Decision rationale: According to the medical record the injured employee has previously participated in 30 visits of physical therapy. The efficacy of this prior therapy is unknown. Without additional justification this request for additional physical therapy for the right shoulder is not medically necessary.

Physical Therapy 2 times a week for 6 weeks to right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 02/14/14), Physical Therapy Guidelines.

Decision rationale: According to the attached medical record the injured employee has previously participated in 30 visits of physical therapy. The efficacy of this prior therapy is unknown. Without additional justification this request for additional physical therapy for the right elbow is not medically necessary.

Amitramadol DM Ultracream 4/20/10% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 111. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) pain (updated 01/07/14) Topical analgesics, compounded.

Decision rationale: According to the California MT US Chronic Pain Medical Treatment Guidelines, only topical analgesics including anti-inflammatories, lidocaine, and capsaicin are recommended for usage. As this request is a topical medication and has additional compounded ingredients, this request for Amitramadol is not medically necessary.

Gabaketolido 6/20/6.15% cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesic, Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 111 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (updated 01/07/14) Topical analgesics, compounded.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, only topical analgesics including anti-inflammatories, lidocaine, and capsaicin are recommended for usage. As this request is a topical medication and has additional compounded ingredients, this request for Gabaketolido is not medically necessary.