

Case Number:	CM14-0052348		
Date Assigned:	07/07/2014	Date of Injury:	02/12/2014
Decision Date:	08/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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:

The injured worker is a 59-year-old male who reported an injury on 02/12/2014 due to a fall off of a 6-foot ladder. The injured worker reportedly dislocated his right shoulder. The injured worker underwent closed reduction on 02/12/2014. The injured worker was evaluated on 03/25/2014. It was documented that the injured worker continued to have limited range of motion with evidence of deltoid atrophy. Additionally, it is noted that the patient had puffy lymphedema-type swelling in the right hand; however, it is noted that the patient is able to extend his wrist and somewhat flex the ring finger. The injured worker's treatment plan included gabapentin, physical therapy for the shoulder, and occupational therapy for the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics Page(s): 16.

Decision rationale: The requested gabapentin 300 mg #100 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends

anticonvulsants as first-line medications in the management of neuropathic pain. The clinical documentation submitted for review does indicate that the patient has neuropathic pain related to the reported injury. However, the request includes 1 refill. Although a trial of this medication would be indicated in this clinical situation, an additional refill would not allow for an appropriate period of reassessment to establish efficacy of this medication. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested gabapentin 300 mg #100 with 1 refill is not medically necessary or appropriate.

Physical therapy 20 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 212, Postsurgical Treatment Guidelines.

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

Decision rationale: The requested physical therapy sessions for 20 visits are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy to address pain and range of motion deficits related to neuropathic pain. The clinical documentation submitted for review does indicate that the injured worker has pain complaints and range of motion deficits that would benefit from physical therapy. However, the requested 20 visits exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not specifically identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy 20 visits are not medically necessary or appropriate.

Eighteen (18) Occupational therapy visits: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The requested 18 occupational therapy visits are not medically necessary or appropriate. A review of the clinical documentation indicates that this therapy is being requested to address the patient's post-traumatic lymphedema of the right hand. The clinical documentation does indicate that the patient has been instructed in a home exercise program and to elevate the affected body part to assist with swelling reduction. The clinical documentation does indicate that the patient is progressing with this course of treatment. Therefore, additional skilled therapy would not be indicated. California Medical Treatment Utilization Schedule does support up to 8 to 10 visits for myofascial pain. However, the clinical documentation does not support that the patient has failed to respond to the current course of treatment and requires additional skilled supervised therapy. Furthermore, the request as it is submitted does not

specifically identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 18 occupational therapy visits are not medically necessary or appropriate.