

Case Number:	CM14-0056706		
Date Assigned:	07/09/2014	Date of Injury:	05/04/2011
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 56 year old male who was injured in 5/4/2011. The diagnoses are right shoulder pain, right knee pain, and cervical spine pain. The past surgical history is significant for right shoulder and right knee surgeries in 2011. The MRI showed right shoulder bursitis and tendinosis and multilevel degenerative disc disease of the cervical spine. There is an associated history of chronic hepatitis C disease. On 3/25/2014, [REDACTED] noted subjective complaints of increased right knee pain. There were objective finding of joint effusion. The recommendation was for repeat PT and repeat right knee surgery. A referral to [REDACTED] an Orthopedic surgeon was initiated. The medications are Norco and flurbiprofen cream for pain. A Utilization Review determination was rendered on 4/11/2014 recommending non certification for additional Physical Therapy #12, Flurbiprofen cream 20% #1 tube and modified certification of Norco 10/325mg #90 to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Visits: Overturned

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 9792.20-9792.26 Page(s): 98-99.

Decision rationale: The CA MTUS addressed the use of active physical therapy in the treatment of chronic pain. Physical therapy is used to alleviate pain, restore flexibility and increase function of the affected parts. Additional PT may be beneficial during acute exacerbations of chronic pain if there are documented beneficial effects of the prior physical therapy. The records indicate that the patient completed 8 PT sessions with significant beneficial effects. There is currently an exacerbation of the right knee pain. A recommendation for surgical revision is pending approval. The criteria for 12 additional PT visits was met.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, PT and exercise. The records indicate that the right knee condition is deteriorating with increased effusion and pain. An authorization for surgical revision is pending approval. The criteria for the use of Norco 10/325mg #90 was met.

Flurbiprofen Cream 20%, One Tube.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS addressed the use of topical NSAIDs for the treatment of chronic musculoskeletal pain. Topical NSAIDs can be beneficial when oral NSAIDs are ineffective or cannot be tolerated. The records indicate that the patient has a history of chronic hepatitis C liver disease which increases the risks of gastrointestinal complications. He had been utilizing topical NSAIDs to minimize the gastrointestinal side effects associated with oral NSAIDs. The criteria for the use of Flurbiprofen cream 20% #1 tube was met.