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| Case Number: | CM14-0062045 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 11/08/2011 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 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 53 year old female injured on 11/08/11 due to undisclosed mechanism of injury. Current diagnoses included status post right shoulder arthroscopy of the labrum with adhesive capsulitis, cervical spine strain/strain, right wrist tendinitis/de Quervain, status post carpal tunnel syndrome, and cervicogenic headaches. Clinical note dated 02/28/14 indicated the injured worker presented complaining of right shoulder and cervical spine pain. Physical examination revealed decreased cervical spine range of motion in all planes, axial compression test positive, distraction test and hypertonicity of the triceps and paraspinal muscles positive. Right shoulder decreased range of motion and tenderness to palpation with internal rotation noted on examination. Treatment plan included completion of remaining acupuncture sessions and additional sessions, continued Percocet, and resistant chair with stretcher to transition injured worker from office based treatment to home based treatment. Additionally, request for ergonomic evaluation of work station and follow up in six weeks. The initial request for resistant chair with stretcher and Flector patch 1.3 percent #60 was non-certified on 04/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistant chair with stretcher: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: As noted in ODG, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME. Medical conditions that result in physical limitations for patients may require injured worker education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The use of a resistant chair with stretcher is considered a convenience rather than a medical necessity. As such, the request for resistant chair with stretcher cannot be recommended as medically necessary.

Flector patch 1.3% #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Flector patch.

Decision rationale: As noted in ODG, Flector patches are not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral nonsteroidal antiinflammatory drug (NSAIDs) or contraindications to oral NSAIDs. After considering the increased risk profile with diclofenac, including topical formulations. Flector patch is Food and Drug Administration (FDA) indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long term therapy with diclofenac. There is no indication that monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for Flector patch 1.3 percent #60 cannot be recommended as medically necessary at this time.