

<b>Case Number:</b>	CM14-0083953		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 32-year-old female who reported an injury on 08/02/2011. The mechanism of injury was lifting 20-pound coin boxes. The injured worker's diagnoses were chronic pain to upper extremity, and history of asthma. The injured worker's prior diagnostics were for an magnetic resonance imaging (MRI) of the cervical spine dated 07/31/2013 that showed mild multilevel facet arthropathy and an electromyogram (EMG) and nerve conduction study (NCS) on 12/13/2011, which revealed right upper extremity was normal without evidence of carpal tunnel syndrome, peripheral entrapment neuropathy, or cervical radiculopathy, and physical therapy. The injured worker complained of marked pain and burning in her right upper back near the superior angle of the right scapula. The injured worker marks pain and burning over the proximal volar right forearm. The injured worker also marks pain and burning over the volar and dorsal of the right wrist and the palm and dorsum of the right hand with tingling extending into the tips of the right index finger. The injured worker rates pain at 6/10 in the right shoulder with 6/10 to 7/10 in numbness at her right elbow and 6/10 involving her wrist and the palm of her right hand. On physical examination, dated 06/04/2013 range of motion for backward extension was 50/50 degrees, internal rotation was at 90/50 degrees, adduction was 40/30 degrees, forward flexion was 160/160 degrees and abduction was 170/170 degrees. The injured worker's treatment plan was for flexor patch 1.3% applied to skin twice a day and the request for physical therapy to the neck and right shoulder region. The rationale for the request was not submitted with the documentation. The Request for Authorization form was not provided with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the neck and right shoulder region: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

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

**Decision rationale:** The request for physical therapy to the neck and right shoulder region is not medically necessary. According to the California MTUS, physical medicine is an active therapy that requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal or visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker also marks pain and burning over the volar and dorsal of the right wrist and the palm and dorsum of the right hand with tingling extending into the tips of the right index finger. The injured worker complained of pain to her neck and shoulder with a pain rating of 6/10 to 7/10. The Guidelines indicate that for neuralgia, neuritis, and radiculitis unspecified recommends 8 to 10 visits over 4 weeks. Myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. Range of motion backward extension at 50/50 degrees, internal rotation was at 90/50 degrees adduction 40/30 degrees; forward flexion 160/160 degrees abduction is at 170/170 degrees. There is notation within the medical records that indicate prior physical therapy; there was no documentation specifically as to when the prior therapy occurred, and how many sessions were completed. As such, the request for physical therapy to the neck and right shoulder region is not medically necessary.

**Flector 1.3% Patch: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 112.

**Decision rationale:** The request for Flector 1.3% patch is not medically necessary. According to the California MTUS topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker complained of marked pain and burning in her right upper back near the superior angle of the right scapula. The requested topical medication is indicated for osteoarthritis pain in the joints that lend themselves to include ankle, elbow, foot and hand, knee and wrist. The guidelines states that this medication has not been evaluated for the treatment of the spine and shoulder. The request does not identify the location for application. Furthermore, the request does not include

the frequency for the proposed medication. There is a lack of documented failure of anti-depressants or anti-convulsants. Given the above, the request is not medically necessary.