

Case Number:	CM14-0084219		
Date Assigned:	07/21/2014	Date of Injury:	02/25/2010
Decision Date:	09/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	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 and 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 53 year-old female who was reportedly injured on 2/25/2010. The mechanism of injury is noted as a fall. The most recent progress note dated 4/3/2014 indicates that there are ongoing complaints of bilateral arm numbness and tingling. The physical examination demonstrated upper extremities: positive roos test, and positive Tinnel's at both wrists. Excellent strength with supraspinatus testing on the right. No recent diagnostic studies are available for review. Previous treatment includes right shoulder arthroscopy, right wrist surgery, physical therapy and medications. A request was made for Mobic 15mg with 2 refills, physical therapy 3 times a week times 4 weeks #12, and cervical traction device, and was not certified in the pre-authorization process on 5/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg (quantity unknown) 2 refills: 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 Page(s): 72 of 127.

Decision rationale: Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical records, there is no reported decrease in pain and increased functional activity related directly to the use of medication. Therefore this request for Mobic is not medically necessary.

12 Physical Therapy 3x4 (Body part unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical Treatment Guidelines recommend 24 visits of physical therapy over a 14 week timeframe after a rotator cuff repair. After review the medical records provided it is noted that the injured worker is 3 months status post rotator cuff repair. There is no documentation as to the number of postoperative physical therapy visits the injured worker has had to date, as well as the benefit associated with such therapy. Therefore lacking pertinent documentation to authorize an additional 12 visits of physical therapy this request is not medically necessary.

C Trac Device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 12/27/2013).

Decision rationale: California Medical Treatment Utilization Schedule treatment guidelines do not support the use of traction for treatment of low back pain, sciatica, or cervical spine pain. Conclusion of evidence-based studies have indicated that neither continuous nor intermittent traction was more effective in improving pain, disability, or work absence than placebo, sham, or other treatments for patients with a mixed duration of low back pain with or without sciatica. Based on the record provided, and noting the subjective and objective data provided, the literature does not support the use of traction devices due to lack of effectiveness in improving pain. Therefore, this request is deemed not medically necessary.