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| Case Number: | CM14-0084405 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 11/13/2013 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 05/09/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 Family 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 44 year old female who sustained injuries to her neck and left shoulder on 11/13/13 after she slipped and used her left hand to break her fall. Magnetic resonance arthrogram of the left shoulder dated 01/24/14 reportedly revealed supraspinatus tendinosis. Magnetic resonance image of the cervical spine dated 02/03/14 revealed reversal of the normal cervical lordosis with multiple disc degeneration, most prominent at C5-6 and C6-7; mild central canal narrowing at C3-4 through C7-T1; multi-level mild to moderate foraminal narrowing most severe and moderate in degree in the left at C5-6. The clinical note dated 04/23/14 reported that the injured worker completed 6 acupuncture visits with minimal relief and received an injection in the left shoulder. She was taken off work and attended physical therapy. Physical examination noted cervical spine tenderness to palpation with muscle spasm and muscle guarding present over the paraspinal muscular and trapezius muscles bilaterally; axial compression test elicits radiating pain into the trapezius musculature; range of motion flexion 41 degrees, extension 48 degrees, right rotation 68 degrees, left rotation 66 degrees, right lateral flexion 35 degrees, and left lateral flexion 33 degrees; left shoulder examination noted tenderness to palpation over the subacromial region, acromioclavicular joint, and supraspinatus tendon; positive impingement test and cross arm test on the left; range of motion flexion 130 degrees, extension 40 degrees, abduction 130 degrees, adduction 35 degrees, internal rotation 60 degrees, and external rotation 70 degrees; sensation in the bilateral upper/lower extremities decreased in the left C6 dermatome; grade 4/5 weakness at the left shoulder in all planes due to pain. The injured worker was diagnosed with a cervical spine sprain, left upper extremity radiculitis with reversal of the cervical lordosis and moderate to severe spondylosis at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Qty 12: 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 (ODG) Shoulder chapter, Physical therapy.

Decision rationale: There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines recommend up to 10 visits over 8 weeks for the diagnosed injuries with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. As previously noted, there was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy x 12 visits is not indicated as medically necessary.

Dendracin Lotion Qty 30: 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 Topical Analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.