MAXIMUS Federal Services

Case Number:	CM14-0015645		
Date Assigned:	03/03/2014	Date of Injury:	05/26/2006
Decision Date:	03/23/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 68 year old female, who sustained an industrial injury on 05/26/2006. She has reported pain in the left knee, right shoulder. The diagnoses have included non-industrial diabetes and hypertension, Alzheimer's disease and osteoarthritis in both knees. Treatment to date has included left knee arthroscopy in July 2006, right shoulder endoscopic rotator cuff release in January 2007 and arthroscopic rotator cuff repair in June 2009. In June 2010, the IW underwent a reevaluation with the orthopedic AME. The IW's diagnoses were osteoarthritis, left knee status post arthroscopic surgery times two, status post-operative right carpal tunnel release; mild trigger finger syndrome, long and ring fingers, right hand; osteoporosis, right wrist and spondylolisthesis L5-S1. The IW was provided a Whole Person impairment of 23%. Recommendation was made for trigger finger releases on an industrial basis should her right long finger and ring finger conditions deteriorate. In regards to future medical care, the following recommendations were made: home exercises for areas of orthopedic injury including the right shoulder, right hand, and left knee on a regular basis, access to orthopedic reevaluation with provisions for analgesic and no steroidal anti-inflammatory medications. It was noted that she would not benefit from further physical therapy and it is unlikely that she will require additional right shoulder surgery. In December 2013, the IW was seen for orthopedic surgical re-evaluation. The IW is complaining of cervical spine pain. She states the pain in the cervical spine radiates down into both shoulder blades and states the creams and activity modification which she usually does are not helping. On exam there is paraspinal tenderness in the cervical spine. She has full range of motion of the cervical spine and bilateral shoulders.

The assessment is myofascial pain, cervical thoracic spine and the plan was for physical therapy, continue with creams, and continue home exercise program. On 01/27/2014 Utilization Review non-certified a request for physical therapy two(2) to three (3) times six (6) total of eighteen (18) sessions to the right shoulder and lumbar spine, noting the medical necessity for re-initiating supervised physical therapy versus continuing with her home exercise program is not established. The MTUS Guidelines Physical Therapy was cited. On 01/27/2014 Utilization Review non-certified a request for analgesic creams, noting the records did not indicate that the IW is intolerant to standard of care oral analgesics to substitute the request for an investigational topical agent. Also, in the 12/18/2013 report, the patient states that the creams are not helping. Non- MTUS, Chronic Pain Topical Analgesics Guidelines, were cited. On 02/07/2014, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TO THREE (3) TIMES SIX (6), TOTAL OF EIGHTEEN (18) SESSIONS TO RIGHT SHOULDER AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY.

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

Decision rationale: This patient presents with left knee pain, right shoulder pain, neck pain radiating down into bilateral shoulder blades. The treater has asked for PHYSICAL THERAPY 2 TO 3 TIMES 6, TOTAL OF 18 SESSIONS TO RIGHT SHOULDER AND LUMBAR SPINE on 12/18/13 . The patient recently had an exacerbation of cervical spine pain, which is usually cleared up with physical therapy per 12/18/13 report. Review of the reports do not show any evidence of any recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a recent exacerbation of cervical pain. However, the treater does not indicate any rationale or goals for the requested 18 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments, except that physical therapy usually helps with an exacerbation of pain. Furthermore, the requested 18 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

ANALGESIC CREAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with left knee pain, right shoulder pain, neck pain radiating down into bilateral shoulder blades. The treater has asked for ANALGESIC CREAMS but the requesting progress report is not included in the provided documentation. The 12/18/13 report states: In the treatment plan, to continue with creams. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has a chronic pain condition. The request, however, does not describe what type of medications is in this analgesic cream. The medical necessity of a cream cannot be authorized without a description of the contents. Due to a lack of specificity of the request, the request IS NOT medically necessary.