

<b>Case Number:</b>	CM14-0195359		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Internal 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 (IW) is a 38-year-old man with a date of injury of May 1, 2013. The mechanism of injury was not documented in the medical record. Current working diagnoses include cervical sprain/strain; severe right shoulder impingement syndrome, s/p right shoulder arthroscopy 11/13/13 and 7/16/14; right bicipital tendinitis. Pursuant to the October 23, 2014 progress note, the IW presented for an urgent visit. Her reported increased pain in the right shoulder localized to the lateral aspect at the lateral portal. He also reported swelling which decreased with warm compresses. He noted sensitivity from the touch of his shirt at times, and an itching sensation at the lateral portal. There was no biceps pain. The provider noted that he completed his authorized therapy, and had been performing home exercise program. Current medications include Norco, and Flexeril. On exam, there was right shoulder hypertrophy at the lateral portal, very tender even to light touch palpation (dysesthesias). There was no sign of infection, biceps in good position, and good elbow range of motion. Shoulder range of motion measured 150 degrees in forward flexion, 30 degrees extension, 145 degrees abduction, 60 degrees external rotation, and 30 degrees internal rotation. The treating physician is requesting authorization for 8 additional physical therapy sessions to the right shoulder, and 30 Lidoderm patches. A progress note dated June 19, 2014 indicates that the IW failed arthroscopic debridement, physical therapy, and cortisone injection. It is unclear if the IW had additional PT following his second right shoulder arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 Additional Physical Therapy Sessions to The Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, additional physical therapy 8 sessions to the right shoulder are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). In this case, the injured workers working diagnoses are cervical sprain/strain; severe right shoulder impingement syndrome (status post right shoulder arthroscopy November 2013; and right bicipital tendinitis. Patient presented for an "urgent visit". It was increased right shoulder pain localized the lateral aspect, at swelling with warm compresses, does not report pain biceps, completed authorized therapy, tender to light palpation, no sign of infection. A review of the medical record shows a June 19, 2014 progress note. The treatment plan indicates the injured worker fails arthroscopic debridement, physical therapy, cortisone injection and rotator cuff tear has progressed. Absent objective functional improvement associated with prior authorized physical therapy, additional physical therapy is not clinically indicated according to the ODG. Consequently, absent the appropriate clinical indication and documentation of objective functional improvement additional physical therapy eight sessions for the right shoulder are not medically necessary.

## **30 Lidoderm Patches: 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches #30 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for trial if there is evidence of localized pain that is consistent with a neuropathic etiology. In this case, the injured workers working diagnoses are cervical sprain/strain; severe right shoulder impingement syndrome (status post right shoulder arthroscopy November 2013; and right bicipital tendinitis. Patient presented for an "urgent visit". It was increased right shoulder pain localized the lateral aspect, at swelling with warm compresses, does not report painted biceps, completed authorized therapy, tender to like palpation, no sign of infection. A progress note dated October 23, 2014 is present in the medical record. It indicates tenderness to light palpation (i.e. dysesthesias). In the treatment plan, the

documentation states the patient describes neuropathic pain sensitivity. There is no objective evidence of a neurologic deficit or neuropathic etiology. There is no neurologic examination. Consequently, absent the appropriate clinical indication and a clinical trial, Lidoderm patches #30 are not medically necessary.