

Case Number:	CM14-0206956		
Date Assigned:	12/17/2014	Date of Injury:	07/21/2010
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 43 year old male with an injury date of 07/21/10. Based on the 09/04/14 progress report provided by treating physician, the patient complains of left shoulder pain (unrated) with a dull and achy quality exacerbated by repetitive motion. Patient is status post arthroscopic labral repair and a subacromial decompression on 10/03/10, status post left carpal tunnel release on 02/27/12. Physical examination 12/08/14 revealed tenderness to palpation to left shoulder, rotator cuff, and biceps tendon. Positive impingement and Hawkin's sign on the left. Range of motion was decreased on abduction by 30 degrees. Diagnostic imaging included LEFT shoulder arthrogram dated 11/06/14 finds partial thickness tearing in the distal supraspinatus tendon extending to the attachment site, and acromioclavicular osteoarthritis. Patient is currently working modified light duty. The patient is currently prescribed Tramadol, Naflon, and Protonix. Diagnosis 12/08/14, 09/04/14- Left shoulder impingement with rotator cuff strain and bicipital tendinitis. Diagnosis 10/02/14- Left wrist pain due to crush injury with diffuse burning and numbness of the wrist in median nerve distribution with diagnosis of mild carpal tunnel syndrome despite carpal tunnel release with significant improvement, but with persistent symptomology.- Stenosing tenosynovitis along the first extensor compartment fo the left hand status post first extensor compartment release as well as carpal tunnel release on February 27, 2012. - CMC joint inflammation of the thumb on the left. The utilization review rationale was not provided. Treatment reports were provided from 04/03/14 to 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PT to Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient presents with left shoulder pain (unrated) with a dull and achy quality exacerbated by repetitive motion. The request is for 12 PT to Left Shoulder. Physical examination 12/08/14 revealed tenderness to palpation to left shoulder, rotator cuff, and biceps tendon. Positive impingement and Hawkins sign on the left. Range of motion was decreased on abduction by 30 degrees. Patient is status post arthroscopic labral repair and a subacromial decompression on 10/03/10, status post left carpal tunnel release on 02/27/12. Diagnostic imaging included left shoulder arthrogram dated 11/06/14 finds partial thickness tearing in the distal supraspinatus tendon extending to the attachment site, and acromioclavicular osteoarthritis. Patient's diagnosis included left shoulder impingement with rotator cuff strain and bicipital tendinitis. The patient is currently prescribed Tramadol, Naflon, and Protonix. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 09/04/14 the treating physician has requested 12 sessions of physical therapy for the purposes of pain reduction and functional improvement to the left shoulder following treatment with Naflon and Tramadol for pain. Per records provided, the patient has not had any physical therapy sessions to date and could obtain real benefit from physical therapy to mitigate his shoulder pain. However, the requested number of PT sessions (12) exceeds MTUS guidelines indicated for this condition. Therefore, this request is not medically necessary.

Terocin Patches (#20): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and NSAIDs, GI Symptoms and cardiovascular risk. Decision based on Non-MTUS Citation ODG Pain, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

Decision rationale: The patient presents with left shoulder pain (unrated) with a dull and achy quality exacerbated by repetitive motion. The request is for Terocin Patches (#20). Physical examination 12/08/14 revealed tenderness to palpation to left shoulder, rotator cuff, and biceps tendon. Positive impingement and Hawkins sign on the left. Range of motion was decreased on abduction by 30 degrees. Patient is status post arthroscopic labral repair and a subacromial decompression on 10/03/10, status post left carpal tunnel release on 02/27/12. Diagnostic

imaging included left shoulder arthrogram dated 11/06/14 finds partial thickness tearing in the distal supraspinatus tendon extending to the attachment site, and acromioclavicular osteoarthritis. Patient's diagnosis included left shoulder impingement with rotator cuff strain and bicipital tendinitis. The patient is currently prescribed Tramadol, Naflon, and Protonix. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." In this case, while the patient does present with localized pain in the shoulder, the etiology is not neuropathic but musculoskeletal. Topical lidocaine patch would not be indicated unless there is peripheral, localized neuropathic pain per guidelines. The request is not medically necessary.