

Case Number:	CM14-0208947		
Date Assigned:	12/22/2014	Date of Injury:	09/07/2011
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 56 year-old female with date of injury 09/07/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/12/2014, lists subjective complaints as pain in the neck and bilateral shoulders. Objective findings: Examination of the right shoulder revealed tenderness to palpation of the acromioclavicular joint. Positive impingement sign. Range of motion was within normal limits. Radial and ulnar motor nerve tests were grade 5/5 bilaterally. Sensation to light touch and pinprick was intact. Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and right trapezius. Diagnosis: 1. Lateral epicondylitis. 2. Pain in joint, shoulder region. 3. Radial styloid tenosynovitis. 4. Sprain of neck. There was no documentation in the records supplied for review stating that the patient has ever had any physical therapy for the cervical spine or right shoulder before. The medical records supplied for review document that the patient was first prescribed the following medication on 09/10/2014. Medication: 1. Flector Patches 1.3%, #120 SIG: 1 patch to skin every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 or 3 times 4 (12) for the cervical spine and right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy 2 times 6 or 3 times 4 (12) for the cervical spine and right shoulder is not medically necessary.

Physical therapy 3 times 6 (18) for the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy 3 times 6 (18) for the cervical spine and right shoulder is not medically necessary.

Flector Patches 1.3% #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Per guidelines: "Recommended for short-term use (4-12 weeks)." There is little

evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. Flector Patches 1.3% #120 with 2 refills is not medically necessary.