

Case Number:	CM15-0002722		
Date Assigned:	01/13/2015	Date of Injury:	11/24/2010
Decision Date:	04/14/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female, who sustained an industrial injury on 11/24/2010. She had reported that she jumped over her co-worker's leg when the injured worker's toes caught on the co-worker's leg causing the injured worker to fall forward onto her right side sustaining injuries to the right hip, right shoulder, head, and left side of the neck. Diagnoses include cervical pain, muscle spasm, shoulder pain, and hip pain. Treatment to date has included magnetic resonance imaging of the neck, back, and shoulder physical therapy, acupuncture, psychotherapy, use of transcutaneous electrical nerve stimulation unit, multiple lumbar epidural steroid injections, steroid injection to the right hip, x-rays of the right hip, medication regimen, trigger point injections to the cervical paravertebral, and right and left trapezius. In a progress note dated 12/03/2014 the treating provider reports right arm/shoulder and right hip pain that is rated a six on a scale of one to ten along with right arm numbness, a decreased activity level, and poor quality of sleep. The treating physician requested massage therapy noting previous approval with former treating physician but now requests this treatment because of transfer to current treating physician; physical therapy was requested for the right hip for stretching and strengthening; gym membership was requested for muscle strengthening and because the injured worker does not have access to gym equipment; and Lidoderm Patch was requested with no reason indicated. On 12/11/2014 Utilization Review non-certified the requested treatments of massage therapy once a week times six weeks for the right shoulder and hip, physical therapy for the right hip twice a week times three weeks, Lidoderm 5% patch apply for twelve hours per day as needed for a quantity of thirty count with one refill, and gym membership times six months,

noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines: Massage therapy, page 60; Physical Medicine Guidelines, page 99; Topical Analgesics, Lidocaine, Lidoderm (lidocaine patch), pages 111, 112, and 56 to 57 and Official Disability Guidelines: Hip & Pelvis (updated 10/09/2014), Gym Memberships; Shoulder (10/31/2014), Gym Memberships.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hip, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98, 99 of 12.

Decision rationale: The attached medical record indicates that the injured employee has previously participated in physical therapy although it is not specifically stated for which body part. The injured employee is also stated to be regularly participating in an exercise program with mild relief of pain. Considering this, this request for additional physical therapy for the right hip twice weekly for three weeks is not medically necessary.

Lidoderm 5% patch, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Lidocaine Sections Page(s): 111 - 112 and 56 - 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56 of 127.

Decision rationale: Lidoderm 5% patches are indicated as a second line agent for the treatment of neuropathic pain after documented failure of first-line medications such as antidepressants and anti-epilepsy drugs. The most recent progress note dated December 3, 2014 does include a complaint of radicular symptoms to the right arm however there is no noted failure of these first-line agents. As such, this request for Lidoderm patches is not medically necessary.

Massage Therapy for the right shoulder and hip, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60 of 127.

Decision rationale: The California MTUS guidelines support the use of massage therapy as an adjunct to other treatments (i.e. physical therapy & exercise) and states it should be limited as to 4-6 visits in most cases. Given that the injured employee is currently receiving massage therapy and there are several more sessions to go. This request for additional massage therapy for the right shoulder and hip is not medically necessary.

Gym membership for six months: 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), Hip & Pelvis Chapter, Gym Memberships Section, and Shoulder Chapter, Gym Memberships Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, gym membership.

Decision rationale: The official disability guidelines indicates that a gym membership is not indicated unless a home exercise program has not been effective, there is need for equipment, and treatment is available to be monitored and administered by medical professionals. The progress note dated December 3, 2015 indicates that the injured employee is participating in exercise program at this time with good results. Additionally, there is no mention that such a program will be administered and monitored by medical professional. For these reasons, this request for a gym membership is not medically necessary.