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| Case Number: | CM15-0109413 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 07/27/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/07/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 7/27/14. He reported initial complaints of lower back, right knee and right shoulder. The injured worker was diagnosed as having extremity pain; shoulder pain; pain in limb. Treatment to date has included physical therapy; TENS unit; medications. Diagnostics included MRI's of the right shoulder, right knee and right hip (7/27/14). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker complains of pain with medications at 7/10 and without 8/10 and his quality of sleep is poor. He presents with complaints of chronic progressive pain in the lower back, right hip, right shoulder and right knee. Objective findings/physical examination document the injured worker has a slow gait. His lumbar spine Faber's test was positive with sacroiliac joint and gluteal pain. His right shoulder reveals a positive Hawkin's and Neer's test. On palpation there is tenderness noted in the subdeltoid bursa. Documentation notes thigh and gluteal tenderness on the right and positive testing for the right shoulder provocation. The MRI of the right shoulder impression was a partial rotator cuff tear and tendonitis/bursitis of the right hip. The provider's treatment plan includes a request for Physical therapy 12 sessions for the right hip and thigh pain and Diclofenac 50mg #60 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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 a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has prior treatment with physical therapy. There is no documentation of objective evidence of functional improvement. In addition the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request is not medically necessary.

Diclofenac Sodium 50 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, diclofenac.

Decision rationale: Diclofenac is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx). This is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac is not recommended. The request is not medically necessary.