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| Case Number: | CM15-0011500 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 12/10/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 62-year-old female who sustained an industrial injury on 12/10/2007. Diagnoses include pain in shoulder joint and rotator cuff sprains and strains. Treatment to date has included medications, stretching, heat, ice, physical therapy, injections, chiropractics and Salonpas patches. Diagnostics performed to date included x-rays and MRIs. According to the progress notes dated 1/6/15, the Injured Worker reported severe right shoulder pain. On physical examination, provocative maneuvers of the right shoulder were positive. A request was made for eight sessions of physical therapy for the right shoulder and a prescription for Celebrex to "cure or relieve the effects of the industrial injury." Notes indicate that the patient was authorized for 6 chiropractic sessions for the lumbar spine and right shoulder on May 6, 2014. A prescription dated January 6, 2015 recommends physical therapy for an acute flare-up to train the patient in a home exercise program, among other things. A progress report dated January 6, 2015 states that the patient has not had physical therapy in a long time and recommends a trial of Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. It is acknowledged, that the patient has had therapy in the remote past. A refresher for a home exercise program and acute flare-up may be indicated. However, guidelines generally recommend a 6-visit trial when initiating therapy. The currently requested 8 visits exceed the number recommended by guidelines as a trial, and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Celebrex 200mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. If this is a trial of Celebrex, as discussed in the progress report, then a three-month prescription does not allow for regular follow-up with documentation of analgesic efficacy, objective improvement, and discussion regarding side effects. As such, the currently requested celecoxib (Celebrex) is not medically necessary.