

Case Number:	CM15-0145856		
Date Assigned:	08/06/2015	Date of Injury:	10/01/2010
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, 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:

The applicant is a represented 59-year-old who has filed a claim for chronic low back, knee, elbow, and leg pain reportedly associated with an industrial injury of October 1, 2010. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy and a topical compounded agent. The claims administrator referenced a July 14, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said July 14, 2015 RFA form, physical therapy and the topical compounded agent in question were sought. In an associated progress note dated July 9, 2015, the applicant reported ongoing complaints of knee, foot, and bilateral elbow pain, collectively rated at 5-8/10. The applicant was not working, and was in fact using a cane, a knee brace and a CAM walker to move about. Multifocal complaints of knee, low back, neck, wrist, and elbow pain were reported. The topical compounded medications, additional physical therapy, and a rather proscriptive 5-pound lifting limitation were endorsed. It was acknowledged that the applicant was not working with said limitation in place. The applicant was asked to consult a hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 4 weeks for the bilateral elbows Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for eight sessions of physical therapy for the bilateral elbows was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, it was reported on the June 29, 2015 office visit at issue. The applicant remained dependent on a cane, a CAM walker, a knee brace, topical compounds, etc.; it was reported on that date. The applicant was not working; it was stated in several sections of the note. A rather proscriptive 5-pound lifting limitation was renewed on that date. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional eight sessions of physical therapy is not medically necessary.

Flurbiprofen/ Baclofen/Lidocaine cream (20%/5%/4%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the request for a flurbiprofen-baclofen-lidocaine containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.