

Case Number:	CM15-0189596		
Date Assigned:	10/01/2015	Date of Injury:	05/01/2013
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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, Florida, 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 injured worker is a 53 year old male, who sustained an industrial injury on 05-01-2013. He has reported injury to the left shoulder, left hand-wrist, left knee, right ankle, and low back. The diagnoses have included left knee internal derangement; lumbar spine discopathy; cervical spine discopathy; left shoulder rotator cuff tear; status post left shoulder arthroscopic subacromial decompression, Mumford procedure, and rotator cuff repair, on 04-17-2015; and right foot plantar fasciitis. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Naprosyn and Hydrocodone. A progress report from the treating provider, dated 08-28-2015, documented an evaluation with the injured worker. The injured worker reported that he is completing his physical therapy; he has bilateral foot and ankle pain, left wrist pain, and some residual postoperative left shoulder pain; the pain is rated at 7-8 out of 10 in intensity; his left shoulder has significant pain, tenderness, discomfort, spasm, and tightness; his postsurgical status is progressing; he "still needs a bit more therapy"; and he is concerned now because he is going to have to return to work at some point. Objective findings included an antalgic gait; he is unable to heel walk; examination of the left shoulder reveals tenderness in the acromioclavicular joint; ranges of motion in the left shoulder are decreased; crepitus on motion is present; impingement sign is positive; mildly decreased sensation in pin appreciation noted in the median distribution; there is pain on inversion and eversion of the bilateral ankles; the insertion of the tendo-Achilles is mildly tender; bilateral ankle ranges of motion are decreased; and direct compression on the bottom of the foot produces significant pain. The treatment plan has included the request for physical therapy sessions (2 times 4);

inserts for the foot; and Flurbiprofen pain cream, apply a thin layer 1-2 grams to affected area 1-2 times daily. The original utilization review, dated 09-16-2015, non-certified the request for physical therapy sessions (2 times 4); inserts for the foot; and Flurbiprofen pain cream, apply a thin layer 1-2 grams to affected area 1-2 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions (2 times 4): Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: patient is completing therapy, but has residual pain. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient, over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general". A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.

Inserts for the foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg chapter, Insoles.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: The ACOEM guides, Chapter 14, dealing with the ankle, do support the notion of specially made shoes/orthotics for ankle instability or metatarsalgia: "Rigid orthotics

(full shoe length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. But, although there is foot pain, the source of the pain and diagnosis is not clear from the records. Also, I do not see any ACOEM chapter 12 references to the use of shoes or orthotics for the treatment of back pain. The ODG-TWC guidelines, based on the work of Bigos et al, does not disapprove them, but cite that they are optional. Therefore, I am not able to attest that inserts for the foot are essential for the injury care. Therefore the request is not medically necessary.

Flurbiprofen pain cream apply a thin layer 1-2 grams to affected area 1-2 times daily:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Therefore, I do not support certification in this case. The request is not medically necessary.