

Case Number:	CM15-0189951		
Date Assigned:	10/02/2015	Date of Injury:	05/24/2010
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female who sustained a work-related injury on 5-24-10. Medical record documentation on 8-24-15 revealed the injured worker was being treated for cervical spine sprain-strain, lumbar spine sprain-strain, left knee sprain and patellofemoral arthroplasty. She reported the completion of two sessions of physical therapy and had some improvement. She complained of neck pain with radiation of pain to the right side and had low back pain with radiation of pain to the left lower extremity. Objective findings included tenderness to palpation over the cervical paraspinals, the trapezius muscles, the lumbar paraspinals and the medial joint line and the lateral joint line of the left knee. She had crepitus of the left knee. She had pain with cervical spine compression and a straight leg raise elicited localized pain. She had decreased range of motion of the cervical spine and lumbar spine. The injured worker reported gastric upset. The handwritten documentation on 8-24-15 was difficult to decipher. On 9-11-15, the Utilization Review physician determined Internal Medicine consultation, Flector patch #60, and 4 sessions of physical therapy for the left knee was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine (ACOEM) and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure, but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic 2010 injury. There is no documented functional benefit from treatment already rendered. The Flector patch #60 is not medically necessary and appropriate.

Physical therapy; 4 sessions (1x4), left knee: 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): Physical Medicine.

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy; 4 sessions (1x4), left knee is not medically necessary and appropriate.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS are silent on hypertension as it relates to industrial injury of the neck, low back, and knee pain; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has history of hypertension and mini stroke as noted by the provider; however, no clinical documentation was identified correlating to diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications such as corticosteroids which may produce edema and hypertension nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to poorly controlled hypertension. The Internal medicine consultation is not medically necessary and appropriate.