

Case Number:	CM15-0198230		
Date Assigned:	10/13/2015	Date of Injury:	10/14/2010
Decision Date:	11/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Family Practice

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 59 year old male sustained an industrial injury on 9-28-09. Documentation indicated that the injured worker was receiving treatment for bilateral shoulder tendonitis, right shoulder impingement, cervical spine herniated disc and lumbar disc bulge with radiculitis. Previous treatment included left shoulder surgery (5-4-12), right shoulder surgery (12-8-14), injections, epidural steroid injections, physical therapy and medications. In a PR-2 dated 6-17-15, the injured worker complained of left shoulder pain, rated 5 out of 10 on the visual analog scale as well as right shoulder pain. Physical exam was remarkable for tenderness to palpation to the left shoulder with edema, positive right Speed's, Drop arm, Supraspinatus and Speed's test, with bilateral shoulder range of motion: flexion and abduction 180 degrees, extension and adduction 50 degrees and internal and external rotation 90 degrees. The physician stated that the injured worker had been experiencing a "severe" flair up of cervical spine and right shoulder pain for several weeks. The injured worker's shoulder had been progressively improving with postoperative therapy but he continued to complain of severe pain. The treatment plan included continuing physical therapy twice a week for three weeks "due to an increase in activities of daily living and an decrease in pain", a prescription for topical compound cream and requesting authorization for shockwave therapy for the left shoulder. In a PR-2 dated 8-27-15, the injured worker complained of bilateral shoulder pain. The injured worker reported that physical therapy provided "some" relief but he still experienced moderate bilateral shoulder pain with activities. The injured worker wanted to continue physical therapy for the neck and both shoulders. Physical exam was unchanged. The physician documented that left shoulder magnetic resonance

imaging showed supraspinatus tendinosis and acromioclavicular joint arthropathy with a tear of the glenoid labrum. Right shoulder magnetic resonance imaging contained findings indicating a full thickness subacromial-subdeltoid bursa tear. The physician used the exact wording in previous PR-2's, stating that the injured worker had been experiencing a "severe" flair up of cervical spine and right shoulder pain for several weeks. The injured worker's shoulder had been progressively improving with postoperative therapy but he continued to complain of severe pain. The treatment plan included physical therapy three times a week for two weeks for both shoulders due to a decrease in activities of daily living and increase in pain, a prescription for topical compound cream and referral to pain management. On 9-8-15, Utilization Review noncertified a request for physical therapy three times a week for two weeks for bilateral shoulders and topical compound cream: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% and Hyaluronic acid 0.2% 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 2 weeks for bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114; Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy. The current examination findings indicate subjective and objective functional deficits that would support a short course of physical therapy treatments to address the current deficits and to ensure proper education and transfer into a home exercise program. The request for Physical therapy 3 times a week for 2 weeks for bilateral shoulders is medically necessary and appropriate.

Compound cream: Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375%, Hyaluronic acid 0.2% 180g: 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: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended as a topical product. The request for Compound cream: Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375%, Hyaluronic acid 0.2% 180g is not medically necessary and appropriate.