Case Number:	CM15-0200357		
Date Assigned:	10/16/2015	**Date of Injury:**	03/05/2007
Decision Date:	12/01/2015	**UR Denial Date:**	09/14/2015
Priority:	Standard	**Application Received:**	10/13/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, 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 is a 51 year old female who sustained an industrial injury on 03/05/2007. Medical records indicated the worker was treated for pain in the cervical spine, bilateral shoulder, bilateral wrist and bilateral hand. In the provider notes of 08-18-2015, the injured worker complains of persistent pain in the neck, bilateral shoulders, bilateral wrists and hands which she rates as a 3 on a scale of 0-10. The pain occurs frequently and is made worse with her job duties and with weather changes and activities. The pain is made better with rest and therapy and over the counter medications. Examination of the cervical spine showed decreased range of motion, and a tenderness over the paraspinals, left greater than right. She had a positive Spurlings on the left. Neurovascular status had slight decreased sensation, and strength 4+ out of 5 bilaterally at C5 and C6. Examination of the lumbar spine revealed decreased range of motion and tenderness over the paraspinals, left greater than right. Examination of the left shoulder revealed tenderness over the acromioclavicular joint with decreased range of motion in all planes. She has a positive Hawkins' impingement and Neer's impingement sign. Examination of the bilateral wrists revealed a slight decrease in range of motion and there was decreased sensation of the medial aspects as well as positive Tinel's sign bilaterally. Examination of the knee revealed slight decreased range of motion with crepitus on active and passive range of motion. There was tenderness over the medial joint line and slight decreased quadriceps strength at 4+-5. The plan of care included physical therapy, topical medications, cervical pillow and bilateral wrist braces. The worker is currently working. A request for authorization was submitted for: 1. Physical therapy two times a week for six weeks, cervical left shoulder, 2.

Cervical pillow, 3. Kera Tek gel (methyl salicylate/menthol 4 oz., apply a thin layer 2-3 times per day) 4. Ultram (tramadol 50mg) generic brand/OTC medication preferred, #90, one tab by mouth every 8 hours p.m. 5. Bilateral wrist braces. A utilization review decision 09/14/2015 Modified - Physical therapy certified for three (3) sessions of PT. Non certified: Cervical pillow-Kera Tek gel And certified: Ultram (tramadol 50mg) generic brand - Bilateral wrist braces

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks, cervical left shoulder: Upheld

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

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

Decision rationale: Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Injured worker-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of injured workers with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the documents available for review, the number of requested PT sessions is in contrast to the guidelines as set forth in the MTUS. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Cervical pillow: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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: The ACOEM Chapter 2 on General Approaches to indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of cervical pillow. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.

Kera Tek gel (methyl salicylate/menthol 4 oz, apply a thin layer 2-3 times per day): Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.