

<b>Case Number:</b>	CM15-0020755		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Arizona

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:

The injured worker is a 58-year-old female who reported an injury on 12/16/2013. The mechanism of injury was not specifically stated. The current diagnoses include contusion of the face, scalp and neck; right shoulder impingement; and right shoulder contusion. The injured worker presented on 01/08/2015 for a follow-up evaluation. The injured worker reported no significant improvement in symptoms, and had completed a short course of physical therapy. Physical examination revealed tenderness over the right shoulder joint, 90 degrees forward flexion, 15 degrees extension, 30 degrees internal and external rotation, 90 degrees abduction, and 30 degrees adduction. Orthopedic testing revealed a positive impingement sign on the right. Examination of the lower extremities revealed tenderness over the right greater trochanter with limited flexion on the right. There were well healing abrasions about the face and nose on the right side. Recommendations included continuation of Medrox pain relief ointment, naproxen sodium 550 mg, omeprazole 20 mg, and Lidoderm 5% patch. Physical therapy was requested 3 times per week for 4 weeks for the right shoulder, right hip, and right elbow. A Request for Authorization form was then submitted on 01/08/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lidoderm patch 5%, (700mg/patch) prescribed on 1/8/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

**Decision rationale:** California MTUS Guidelines state lidocaine is recommended for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line treatment with oral antidepressants or anticonvulsants. In this case, there was no evidence of a failure of first line treatment. The injured worker has utilized the above medication for an unknown duration without any evidence of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate.

**12 sessions Physical therapy, 3x4weeks, for the right shoulder and right hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state 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. There was no documentation of previous course of physical therapy with evidence of objective functional improvement. Despite ongoing therapy, the injured worker presents with persistent pain. There was no evidence of a significant functional limitation upon examination. The injured worker should be well versed in a home exercise program. Given the above, the request is not medically appropriate.