

Case Number:	CM15-0042142		
Date Assigned:	03/12/2015	Date of Injury:	04/01/2014
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 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 44 year old male, who sustained an industrial injury on April 1, 2014. He reported right shoulder pain. The injured worker was diagnosed as having chronic right trapezial strain and right shoulder impingement. Treatment to date has included diagnostic studies, physical therapy, cortisone injection and medications. The cortisone injection provided temporary relief and the physical therapy was noted to improve his symptoms. On January 22, 2015, the injured worker complained of cervical spine, lumbar spine, bilateral shoulder and right arm pain. He rated the cervical spine pain as a 4 on a 1-10 pain scale with radiation to the right upper extremity. His bilateral shoulder pain was rated a 5/10 on the pain scale. The pain is made better with rest, ice, medication and physical therapy. The pain is made worse with a change in weather and with activities. The treatment plan included medication, physical therapy and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the cervical spine and right shoulder, to include massage therapy to right trapezius muscle, 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: The patient presents with cervical and lumbar spine pain and bilateral shoulder and right arm pain. The current request is for 12 physical therapy sessions for the cervical spine and right shoulder, to include massage therapy. The patient has completed 12 visits of physical therapy for the right shoulder with good progress, improved ROM and less pain with ADL's. The treating physician states on 1/27/15 (47B) "The patient is improving with physical therapy. He does have chronic right trapezial pain as well secondary to right shoulder rotator cuff issues. Since he is improving with therapy, I would not recommend surgery yet. I would recommend additional physical therapy two times a week for six weeks for right shoulder to include massage therapy to the right trapezius muscle." MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. The current request for an additional 12 physical therapy sessions exceeds the MTUS recommendation of 10 visits. There is no rationale provided to indicate why the patient has not been transitioned to a home exercise program and there is no report of a new injury, new surgery or new diagnosis that could substantiate the current request. Therefore, the request is not medically necessary.

Diclofenac DR 75 milligrams, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain, Diclofenac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Diclofenac.

Decision rationale: The patient presents with cervical and lumbar spine pain and bilateral shoulder and right arm pain. The current request is for Diclofenac DR 75 milligrams, quantity 60. Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). The treating physician states on 1/27/15 (47B) "We will add Diclofenac pills." ODG states the following with regards to Diclofenac: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. There is no evidence in the medical records provided that any other NSAIDs were tried as first line therapy. Even though Diclofenac is a NSAID which is recommended as an option for short-term symptomatic relief of chronic back pain, due to its special risk profile, the current request is not medically necessary and the recommendation is for denial.

