MAXIMUS Federal Services

Case Number:	CM15-0055839		
Date Assigned:	04/01/2015	Date of Injury:	07/01/2009
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on 07/01/2009. The medical records submitted for this review did not include details of the initial injury. Diagnoses include myofascial pain syndrome. Treatments to date include medication therapy, cortisone injection, and TENS unit. On 1/13/15, she underwent an ultrasound guided injection to the right lateral epicondyle. The physical examination documented visual examination of needle placement and the administration of medication. The medical records submitted also include supplemental reports regarding the request for authorization for multiple treatments, including physical therapy and topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 4 weeks (8 sessions): 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: MTUS Guidelines consider a total of 8-10 sessions of physical therapy as adequate for painful musculoskeletal conditions. This individual has had prior physical therapy and additional therapy is requested due to a flare-up. A few additional sessions may be appropriate, but the request for this number of sessions exceeds what is Guideline recommend and no unusual circumstances are present to justify an exception to Guidelines. The request for physical therapy 2X 4 weeks (8 sessions) is not supported by Guidelines and is not medically necessary.

Lidopro 4% ointment 121 grams, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: MTUS Guidelines state that only FDA/Guideline approved topical agents/formulations are recommended. The Guidelines are very specific that the only topical lidocaine agent recommended is Lidoderm 5% patches due to the risk of overdosing with creams/ointments. There are no unusual circumstances to justify an exception to Guidelines. The Lidopro 4% oint 121 grams Qty 2 is not supported by Guidelines and is not medically necessary.