

Case Number:	CM15-0062471		
Date Assigned:	04/08/2015	Date of Injury:	11/08/2000
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old female who sustained an industrial injury on 11/8/00. The injured worker reported symptoms in the left shoulder, back and neck. The injured worker was diagnosed as having chronic neck pain, cervical disc injury, and chronic pain syndrome with depression and left shoulder internal derangement. Treatments to date have included steroids, muscle relaxants, injections, physical therapy, home exercise program, acupuncture treatment, nonsteroidal anti-inflammatory drugs, and a pillow/wedge. Currently, the injured worker complains of pain in the left shoulder, back and neck. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174, 203, 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic neck pain; cervical disc injury; chronic pain syndrome with depression; and left shoulder internal derangement. The date of injury is November 8, 2000. In a progress note dated November 7, 2014 the injured worker completed 12 massage therapy visits. In a progress note dated March 3, 2015 the injured worker has continued subjective complaints of neck and upper back pain. The injured worker completed six "very good" physical therapy sessions. There are no additional physical therapy progress notes in the medical record and there is no evidence of objective functional improvement although the injured worker did claim the six physical therapy sessions were "very good". When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Subjectively, the injured worker complains of pain in the neck and back. Objectively, there is active spasm. There are no other clinical objective findings documented in the medical record. Additionally, the documentation does not specify the location/anatomical region to apply additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement with compelling clinical facts to warrant additional physical therapy (over that previously received), 12 sessions of physical therapy are not medically necessary.

Pennsaid 2%, #2 bottles, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pennsaid 2%, two bottles with three refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pennsaid (diclofenac topical solution) is FDA approved for osteoarthritis of the knee. In this case, the injured worker's working diagnoses are chronic neck pain; cervical disc injury; chronic pain syndrome with depression; and left shoulder internal derangement. The date of injury is November 8, 2000. Pennsaid (diclofenac

topical solution) is FDA approved for osteoarthritis of the knee. There is no documentation the injured worker suffers with osteoarthritis. The treating physician prescribed the topical analgesic to treat topical pain and inflammation. There is no documentation in the medical record of failed first-line antidepressants and anticonvulsants for treatment of neuropathic pain. Additionally, there are no symptoms or signs compatible with neuropathic pain. Consequently, absent clinical documentation with neuropathic pain and an inappropriate clinical indication based on the absence of osteoarthritis, Pennsaid 2%, two bottles with three refills is not medically necessary.