

Case Number:	CM14-0147356		
Date Assigned:	09/15/2014	Date of Injury:	03/12/1999
Decision Date:	10/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64 year old male who was injured on 03/12/1999. The mechanism of injury is unknown. Progress report dated 07/11/2014 states the patient presented with lumbar spine pain radiating to both legs with numbness and tingling, right greater than left. Objective findings on exam revealed tenderness of the lumbar spine and decreased range of motion with pain. Straight leg raise is positive bilateral lower extremities at 20 degrees. The left shoulder revealed tenderness and positive Neer's sign. The patient is diagnosed with herniated disc of the lumbar spine, lumbar radiculitis/neuritis. The patient was recommended for left shoulder physical therapy, ortho consultation, Flurbiprofen, plasma injections. Prior utilization review dated states the requests for Flurbiprofen Tube 120gm; PT 2x6 lumbar and/or sacral vertebrae (Vertebra NOC Trunk), Left Shoulder(s); Platelet Rich Plasma Injections Left Shoulder are denied as medical necessity has not been established. Ortho Consult for Left Shoulder is modified to certify one office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Tube 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical analgesics

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant failed first line of treatment. Therefore, the medical necessity of this request was not established.

PT 2x6 lumbar and/or sacral vertebrae (Vertebra NOC Trunk), Left Shoulder(s): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Low back chapter - physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy in the past. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Based on the records provided, this claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the medical necessity of this request is not established as medically indicated.

Platelet Rich Plasma Injections Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Platelet RichPlasma

Decision rationale: ODG notes that platelet rich plasma is under study as a solo treatment. Recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. There is an absence in documentation noting that this claimant has a large to massive rotator cuff tear. Therefore, the medical necessity of this request is not established as medically necessary.

Ortho Consult for Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)Chapter 7 Independent Medical Independent MedicalExaminations and Consultations Pages 503-524

Decision rationale: ACOEM Guidelines as approved by CA Chapter 7 Independent Medical Examinations and Consultations pages 503-524 notes that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for; Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in documentation noting that this claimant has a structural pathology that would require surgical intervention. Additionally, the treating physician is requesting additional treatment. Therefore, the medical necessity of this request is not established.