

Case Number:	CM14-0142282		
Date Assigned:	11/26/2014	Date of Injury:	03/13/2013
Decision Date:	05/14/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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: New York

Certification(s)/Specialty: Pediatrics, 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 68 year old male, who sustained an industrial injury on 03/13/2013. He has reported subsequent bilateral shoulder and knee pain and was diagnosed with bilateral shoulder impingement with tendinitis, torn meniscus of the right knee and significant arthritic wear of both knees. Treatment to date has included surgery. In a progress note dated 07/22/2014 the physician noted that a recent MRI of the knees and shoulders was performed and showed bilateral knee meniscal tears and bilateral shoulder labral tears with tendinitis of the right shoulder. Requests for authorization of Medrox, Relafen and physical therapy of the knees was made. On 08/04/2014, Utilization Review non-certified requests for Medrox and Relafen, noting that there were no subjective or objective findings of the shoulders, knees or Achilles' tendons to support the use of these medications. Utilization Review also non-certified requests for physical therapy of the right shoulder and right knee. MTUS and ODG guidelines were cited.

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 right shoulder: 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), Physical Therapy Guidelines.

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

Decision rationale: MTUS guidelines do not give recommendations on physical therapy for shoulder pain. Per ODG guidelines physical therapy for the rotator cuff is recommended. The frequency recommended is 10 visits over 8 weeks. It has been requested that the IW receive 12 visits over 6 weeks which is in excess of the recommended course. Additionally, there is no indication in the record as to how much physical therapy the IW had already undergone which would lessen the number of physical therapy sessions available. This request is not medically necessary and appropriate.

Retrospective request for Medrox patches #30 DOS: 7/22/14: 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): 112.

Decision rationale: Medrox is indicated for temporary relief of minor aches and pains of the muscles and joints associated with simple arthritis, sprains, bruises and simple backache. The components of Medrox ointment are capsaicin, menthol and methyl salicylate. Per MTUS capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no notation of previous treatments that the IW did not tolerate. Additionally, the IW has a diagnosis of arthritis which is not an indication for use of Medrox ointment. This request is not medically necessary and appropriate at this time.

Retrospective request for Relafen 750mg # 90 DOS: 7/22/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation Relafen (Nabumetone) <http://www.txlist.com/relafen-drug/indications-dosage.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72-73.

Decision rationale: MTUS guidelines state that Relafen is indicated to treat pain associated with osteoarthritis. The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. The dose requested is higher than the maximum dosage recommended. The request is not medically necessary and appropriate.

12 physical therapy sessions for the right knee: 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), Physical Therapy Guidelines.

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

Decision rationale: MTUS guidelines do not give recommendations on physical therapy for shoulder pain. Per ODG guidelines physical therapy for the a meniscal tear is recommended. The frequency recommended is 9 visits over 8 weeks. It has been requested that the IW receive 12 visits over 6 weeks which is in excess of the recommended course. Additionally, there is no indication in the record as to how much physical therapy the IW had already undergone which would lessen the number of physical therapy sessions available. This request is not medically necessary and appropriate.