

Case Number:	CM14-0215530		
Date Assigned:	01/05/2015	Date of Injury:	12/16/2013
Decision Date:	02/24/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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 Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 57 year old female who was injured on 12/16/13 as she was struck by a motor vehicle on the right side. She was diagnosed with right shoulder fracture, right toes fracture, right shoulder impingement, and contusions of the hip, shoulder, face, neck, and scalp. She was treated with physical therapy (12 sessions), shoulder sling, and medications. An additional 10 sessions of physical therapy were approved on 5/5/14. She was able to return to work with restrictions, but continued to report pains in her neck, right shoulder, right hand/wrist, lumbar spine, right knee, and right foot. The most recent progress note dated prior to the request date, provided for review, was from 10/2/14, when the worker was seen by her treating physician for a follow-up reporting continual significant lower back pain with right hip pain that radiates to her right knee. Physical findings included tenderness to the right shoulder joint, right impingement sign, tenderness to right greater trochanter area, and no abnormal neurological findings. She was then recommended Medrox, Naproxen, and Omeprazole. Later, on 11/13/14, the provider made a request for Lidoderm and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for right shoulder and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker was already prescribed as much as 22 sessions of physical therapy, reportedly, and at least 12 of them were completed, according to the notes available for review. No clear report on the benefit from previous completed sessions of physical therapy, nor any evidence of an inability to perform home exercises, were found in the notes which might have helped the reviewer consider an extension of supervised sessions. Therefore, the physical therapy is not medically necessary.

Lidoderm patch 5%, (700mg/patch): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no evidence of neuropathic-type pain which might have justified a consideration of topical lidocaine. Also, even in the setting of a neuropathy, there was no evidence of having tried and failed a first line therapeutic medication before considering Lidoderm. Therefore, the Lidoderm is not medically necessary.