

<b>Case Number:</b>	CM14-0219293		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 8/17/2009 resulting from a motor vehicle accident. He has reported right elbow and shoulder pain. The diagnoses have included right shoulder internal derangement, right shoulder pain and right elbow medial lateral collateral grade 1 sprain. Treatment to date has included modified work duty, medications, physical therapy, chiropractic care, lumbar facet injections, medial branch block, epidural steroid injections (x2) and right shoulder arthroscopy with intra-articular debridement of partially torn rotator cuff and bicep tenotomy dated 6/12/2014. Currently, the IW complains of right shoulder pain rated as 8 out of 10, described as a stabbing sensation, He also reported neck pain rated as 8 out of 10 with radiation to the hand and shoulder. There is constant right elbow pain rated as a 6-7 out of 10. Right knee pain is rated as 7 out of 10. There is low back pain with radiation to the right leg with stiffness, also buttock. Objective examination revealed a positive Kemp's test and straight leg raised test bilaterally. There is tenderness to palpation over the lumbosacral area. There is limited range of motion upon flexion (30 degrees) and extension (10 degrees) and right and left lateral rotation (15 degrees) of the lumbar spine. On 12/01/2014, Utilization Review non-certified a prescription for aqua therapy for the right shoulder noting the lack of documentation of progress with land based physical therapy and lack of medical reasoning. The MTUS and or ODG were cited. On 12/30/2014, the injured worker submitted an application for IMR for review of aqua therapy of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Therapy Right Shoulder 2x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient presents with complains of right shoulder pain rated 8/10, neck pain radiating to shoulders rated 8/10, and right elbow pain rated 7/10, knee pain rated 7/10 and low back pain radiating to the Right buttock and leg. The request is for 1. AQUA THERAPY RIGHT SHOULDER 2 x 6. Patient is status post Right shoulder surgery with SAD, intra-articular debridement of partially torn RC and biceps tenotomy 06/12/14. Patient's diagnosis include right shoulder internal derangement, right shoulder pain, right shoulder A/S with intraarticular debridement of partially torn rotator cuff and biceps tenotomy, right elbow medial lateral Collateral Grade I sprain. Patient is temporarily totally disabled.MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."According to the 08/07/14 progress report, patient has completed 5/6 sessions of post-surgical physical therapy but there is no indication of the patient benefiting from physical therapy. The progress reports do not discuss any issues with weight-bearing exercises. There is no documentation of obesity, either. Furthermore, the 12 requested sessions exceed what is allowed by MTUS. Therefore, the request for aquatherapy IS NOT medically necessary.

**Compound Medication Flurbiprofen 10%/Gabapentin 6%/Baclofen 2%/Lidocaine 4%/Cyclobenzaprine 2% in Alba Derm Cream: Upheld**

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

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

**Decision rationale:** The patient presents with complains of right shoulder pain rated 8/10, neck pain radiating to shoulders rated 8/10, and right elbow pain rated 7/10, knee pain rated 7/10 and low back pain radiating to the Right buttock and leg. The request is for 2. COMPOUND MEDICATION FLURBIPROFEN 10% / GABAPENTIN 6% / BACLOFEN 2% / LIDOCAINE 4% / CYCLOBENZAPRINE 2% IN AL. Patient is status post Right shoulder surgery with SAD, intra-articular debridement of partially torn RC and biceps tenotomy 06/12/14. Patient's diagnosis include right shoulder internal derangement, right shoulder pain, right shoulder A/S

with intraarticular debridement of partially torn rotator cuff and biceps tenotomy, right elbow medial lateral Collateral Grade I sprain. Patient is temporarily totally disabled. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In this case, it appears that the Flurbiprofen portion of compounded cream would be indicated for patient's shoulder and elbow pain according to MTUS. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine which is not supported for topical use by guidelines. Therefore, the request IS NOT medically necessary.