

Case Number:	CM15-0012976		
Date Assigned:	01/30/2015	Date of Injury:	03/21/2011
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 71 year old male, who sustained an industrial injury on 3/21/2011. He has reported pain in the shoulder and neck. The Magnetic Resonance Imaging (MRI) 5/10/11, significant for partial thickness articular tear and tendinitis. The diagnoses have included left shoulder pain, cervical radiculopathy, and numbness. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), steroid injection to shoulder joint, physical therapy, acupuncture and home exercise. Currently, the IW complains of pain and stiffness left shoulder, worse at night and rated 6/10 VAS. Reported relief with prior steroid injection in May 2014 lasting approximately one month. Physical examination 12/15/14 documented positive left shoulder impingement, limited abduction and flexion Range of Motion (ROM), and tenderness over trapezius muscles. On 12/22/2014 Utilization Review modified certification for two (2) physical therapy sessions, four (4) medical acupuncture sessions, noting the lack of objective evidence to support the length of treatment. The Utilization Review non-certified Flector Patches #120, noting the lack of objective functional improvement documented from previous use. The MTUS and ODG Guidelines were cited. The plan of care included continuation of home exercise, topical medication as ordered, and request for additional physical therapy, acupuncture, and an additional right subacromial injection. Utilization Review certified a request for an ultrasound guided left subacromial injection. On 1/22/2015, the injured worker submitted an application for IMR for review of physical therapy, medical acupuncture, and Flector Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition, 2011, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 21, 2011. In a Utilization Review Report dated December 25, 2014, the claims administrator partially approved a request for eight session of physical therapy as two sessions of physical therapy, partially approved a request for eight sessions of acupuncture as four sessions of the same, approved an ultrasound-guided corticosteroid injection, and denied topical Flector patches. The claims administrator referenced a December 15, 2014 progress note in its determination. The claims administrator acknowledged that the applicant had had prior unspecified amounts of acupuncture. The claims administrator invoked non-MTUS ODG Guidelines to partially approve the request for acupuncture, despite the fact that the MTUS Acupuncture Medical Treatment Guidelines addressed the issue. The claims administrator also alluded to the 2007 MTUS Acupuncture Medical Treatment Guidelines and mislabeled the same as originating from the current MTUS, it is incidentally noted. The claims administrator contended that the applicant was off of work, on total temporary disability. The applicant's attorney subsequently appealed. A December 15, 2014 progress note was notable for comments that the applicant reported heightened complaints of shoulder pain, 6/10. The applicant apparently had evidence of a partial thickness rotator cuff tear and an earlier MRI imaging of 2011. The attending provider sought authorization for additional physical therapy and additional acupuncture. Topical Flector patches were endorsed. The applicant's work status was not clearly stated. In a December 2, 2013 progress note, the applicant was explicitly placed off of work, on total temporary disability. On February 10, 2014, the applicant was placed off of work, on total temporary disability. On March 5, 2014, the applicant was placed off of work, on total temporary disability. On April 7, 2014, the applicant was placed off of work, on total temporary disability for additional five weeks. REFERRAL QUESTIONS: 1. No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant has had prior unspecified amounts of physical therapy over the course of claim, including at various points in 2014 itself. The applicant has, however, failed to demonstrate any significant benefit through the same. The applicant remained off of work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy. The applicant remained dependent on topical agent such as Flector. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy.

Therefore, the request was not medically necessary. REFERENCES: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 8, Functional Restoration Approach to Chronic Pain Management section. 2. MTUS 9792.20f.

Medical Acupuncture, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 9th Edition, 2011, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 2. Similarly, the request for eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request, like the preceding request for physical therapy, does represent a request for extension of acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledges that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there has been no such demonstration of functional improvement as defined in section 9792.20f. The applicant was/is off of work, on total temporary disability, despite receipt of earlier unspecified amounts of acupuncture. The applicant remains dependent on topical agents such as Flector. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite receipt of unspecified amounts of acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary. REFERENCES: 1. MTUS 9792.24.1.d Acupuncture Medical Treatment Guidelines. 2. MTUS 9792.20f.

Flector Patches, quantity: 60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 11th Edition, 2013, Pain (Chronic) Chapter (3/15/2013), Flector patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac): Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9.

Decision rationale: 3. Finally, the request for Flector patches was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here is the shoulder. Flector is a derivative of the topical diclofenac/topical Voltaren. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren has not been evaluated for treatment involving the shoulder, i.e., the primary pain generator here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would offset the seemingly unfavorable MTUS position on the article at issue for the primary pain generator here, the shoulder. Therefore, the request is not medically

necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 112, Topical Diclofenac/Voltaren section.