MAXIMUS Federal Services

Case Number:	CM15-0116103		
Date Assigned:	06/29/2015	Date of Injury:	11/12/2014
Decision Date:	09/01/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan
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 42 year old female, who sustained an industrial injury on 11/12/2014. She has reported subsequent neck, shoulder and back pain and was diagnosed with disorders of bursae and tendons in the shoulder region, left shoulder scapular dyskinesis, subacromial impingement and rotator cuff tendinosis, cervical and lumbar spine strain and right elbow lateral epicondylitis, radial neuritis and radial tunnel syndrome. Treatment to date has included medication, massage, Salonpas, 4 acupuncture treatments and an unknown number of physical therapy sessions. A 03/27/2015 progress note indicated that due to scheduling conflicts, the injured worker had only had 1 session of physical therapy to the neck and left shoulder/trapezius in addition to the assessment. The most recent progress notes indicated that the injured worker's pain was improving and was rated as 3-4/10 on average with a maximum of 6/10. In a progress note dated 05/04/2015, the injured worker complained of left neck, upper back and shoulder pain that was rated as 4-5/10. Objective findings were notable for tenderness to palpation of the left cervical paraspinous and trapezial musculature with spasms, decreased range of motion and pain with range of motion, discomfort with Speed and O'Brien testing in the left shoulder, mild discomfort with supraspinatus and impingement testing and tenderness and spasm of the left shoulder, tenderness to palpation along the extensor carpi radialis brevis tendon along the lateral epicondyle and tenderness to palpation of the radial tunnel of the right elbow. The physician noted that a course of physical therapy was recommended for eccentric strengthening exercises to her left rotator cuff, biceps and deltoid with scapular stabilization exercises, core and pelvic stabilization exercises, right elbow concentric and eccentric strengthening exercises and postural

re-education and body mechanics instruction and home exercises. Lidoderm patch was prescribed for increased left shoulder, neck and upper back pain. A request for authorization of physical therapy 2 x 4 and Lidoderm 5% patch x 40 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 201-204, 575. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder disorders chapter, physical therapy Elbow disorders chapter, physical therapy.

Decision rationale: As per ACOEM guidelines for the shoulder and elbow, physical methods can be prescribed for initial and follow up visits for education, counseling and evaluation of home exercise if non-prescription analgesics do not adequately relieve symptoms and activity limitations. As per ODG guidelines for physical therapy for the shoulder, for rotator cuff disorders, physical therapy can improve short-term recovery and long-term function and for impingement syndrome significant results were found in pain reduction and isodynamic strength. 10 visits over 8 weeks are recommended for rotator cuff/impingement syndrome. As per ODG guidelines for the elbow, physical therapy is recommended but there is limited evidence. 8 visits over 5 weeks is recommended for lateral epicondylitis. The submitted documentation shows that the injured worker had undergone physical therapy for the neck and left shoulder however it's unclear as to how many sessions of physical therapy were received. The 03/27/2015 progress note indicates that only 1 out of 8 approved sessions was completed in addition to the evaluation, and subsequent notes do not indicate how many additional sessions were received. There was also no discussion as to the effectiveness of the physical therapy sessions. Therefore, the request for authorization of physical therapy 2 x 4 is not medically necessary.

Lidoderm 5 Percent Patch x 40: Upheld

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

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

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, 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." "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic

pain." The submitted documentation showed that although the injured worker's neck, back and shoulder pain continued, it was improving and was only mild-moderate in intensity. The injured worker was noted to be taking several other oral pain medications including NSAID and anti-spasmodic medications and there was no indication that she had failed a trial of anti-depressants and anti-convulsants. Therefore, the request for authorization of Lidoderm 5% patch x 40 is not medically necessary.