

Case Number:	CM15-0117381		
Date Assigned:	06/25/2015	Date of Injury:	09/30/2014
Decision Date:	07/24/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 58 year old female, who sustained an industrial injury on 9/30/14. She reported left shoulder, right wrist and forearm pain. The injured worker was diagnosed as having a left shoulder sprain, left arm hematoma, cervical strain, left shoulder contusion, right wrist sprain and right wrist tenosynovitis. Treatment to date has included home exercise program, medications, physical therapy and MRI. Currently, the injured worker complains of left shoulder pain described as constant and sharp, a clicking sensation of the left shoulder and muscle spasms. The pain is increased by lifting, overhead reaching and lying on her left side. The injured worker reports the pain is improved if she does not use the arm. The injured worker is currently diagnosed with left shoulder impingement syndrome and left upper extremity overuse syndrome. A note dated 3/12/15 notes decreased grip strength in the left hand, signs of left shoulder impingement, decreased muscle strength and range of motion in the left arm. A note dated 4/9/15 states tenderness about the shoulder, strength is 5/5, and elbow range of motion is 90 degrees (pronation and supination) and left forearm musculature tenderness to palpation. Sensory deficit is noted in the small and ring fingers of the left hand. The pain is rated at 5-6/10. The note also states improvement in symptoms with physical therapy, but continues to experience significantly limited shoulder function. The injured worker is currently on modified duty with no lifting greater than 10 pounds and no overhead work. A request for physical therapy 8 sessions (2 times/week for 4 weeks) for the left shoulder and arm and Flector patches 1 box of #30 is being sought to improve the injured workers range of motion and decrease/eliminate her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the left shoulder and arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. Patient has attended 3 sessions of physical therapy for the left shoulder to date, but did not report adequate functional improvement from the treatments. Additional physical therapy 2 times a week for 4 weeks for the left shoulder and arm is not medically necessary.

Flector patches, box of 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Flector patches, box of 30 is not medically necessary.