MAXIMUS Federal Services

Case Number:	CM15-0122788		
Date Assigned:	07/07/2015	Date of Injury:	07/18/2013
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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, North Carolina
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 injured worker is a 50 year old female, who sustained an industrial injury on 7/18/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder rotator cuff tendinopathy, multilevel lumbar herniated nucleus pulposus, multilevel cervical disc herniation and foraminal stenosis and left hip greater trochanter bursitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 5/28/2015, the injured worker complains of neck pain and stiffness, radiating to the left shoulder and intermittent left low back and hip pain. Physical examination showed posterior cervical and left trapezial tenderness and left lumbar tenderness. The treating physician is requesting 12 physical therapy sessions for the cervical spine and Flector patches #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Physical therapy.

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

Decision rationale: MTUS Guidelines support physical therapy (PT) for ongoing, chronic neck pain. The patient has pain and stiffness of the neck and has been managed in the past with medications and PT. The request is for 12 PT visits. The patient may be a candidate for continuing conservative management; however the request for 12 visits exceeds guideline recommendations of 8-10 visits. This patient should also have frequent assessments following no more than 6 sessions to modify the treatment plan as necessary. Therefore the request for 12 sessions of PT is deemed not medically necessary.

Flector patches #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector patch (diclofenac epolamine).

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Flector patches contain an NSAID, Diclofenac. There are no long-term studies of the safety or effectiveness of Flector. The request is for a 1 month supply with 2 refills. Flector is not recommended as a first-line agent, but recommended after failure or oral NSAIDs or in cases where oral NSAIDs are contraindicated. Flector is not recommended for greater than 2 weeks due to its diminishing effect. While this patient had gastric surgery and was not able to take oral NSAIDs, once this time period has past there is no further indication for topical NSAIDs. Therefore this request is deemed not medically necessary.