

Case Number:	CM15-0148189		
Date Assigned:	08/12/2015	Date of Injury:	09/09/1997
Decision Date:	10/07/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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, California

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 55 year old male who sustained an industrial injury on 09-09-1997. The injured worker was diagnosed with cervical spondylolisthesis without myelopathy, cervical stenosis, cervicgia, cervical radiculitis and rotator cuff syndrome. The injured worker is status post C3-4 and C6-7 anterior fusion (no date documented). Treatment to date has included diagnostic testing with cervical X-rays in February 2015, cervical magnetic resonance imaging (MRI) in April 2015 and right shoulder X-rays in April 2015, surgery, physical therapy, subacromial steroid injection, cognitive behavioral therapy (CBT), psychiatric evaluation and follow-up, medical hypnotherapy and relaxation training and medications. According to the primary treating physician's progress report on July 8, 2015, the injured worker continues to experience neck and right shoulder pain. The neck pain radiates to both shoulders with a feeling of heaviness and burning. The injured worker also reports numbness and tingling to both hands. Examination of the cervical spine and upper extremities demonstrated no tenderness or spasm with flexion at 80 degrees, extension at 50 degrees, bilateral lateral bend at 20 degrees each and bilateral rotation at 70 degrees each. Spurling's was negative. Motor strength, pulses and sensation were intact with negative bilateral Tinel's and Phalen's tests over the carpal tunnel. The right shoulder examination documented pain with internal and external rotation, abduction to 120 degrees and forward flexion to 130 degrees and pain with resisted forward flexion at 90 degrees. Right positive lift off test was documented. Current medication was noted as Ibuprofen. Treatment plan consists of physical therapy for the right shoulder times 12 sessions, right shoulder magnetic resonance imaging (MRI) and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, 2 times a week for 6 weeks, quantity: 12 sessions:
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 physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder and pg 27.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. The ODG guidelines recommend 10 sessions over 8 weeks for rotator cuff related therapy. In this case, there was no indication that additional therapy cannot be completed at home. The amount requested exceeds the guidelines recommendations and the 12 sessions of shoulder therapy is not medically necessary.

MRI (Magnetic Resonance Imaging) without contrast material, for the right shoulder, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. In this case, the claimant had rotator cuff symptoms and was evaluated by a surgeon who had requested the MRI. The request is medically necessary.

Lidoderm patch 5%, quantity: 28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57, 112.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. The pain is related to cervical and shoulder pathology. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for Lidoderm patches as above is not medically necessary.