

Case Number:	CM15-0171555		
Date Assigned:	10/02/2015	Date of Injury:	06/12/2015
Decision Date:	12/16/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 46 year old male who sustained an industrial injury on 06-12-2015. According to a Doctor's First Report of Occupational Injury dated 06-17-2015, subjective complaints included head, right ear, jaw, neck, back, right shoulder and arm, depression, anxiety and a problem sleeping. Physical examination was described as head tenderness to palpation bilateral frontal temporal area, right ear healing laceration, right eye redness-hematoma, cervical spine tenderness to palpation bilateral paracervical-occipital-suboccipital- trapezius-levator scapulae muscles; decreased range of motion; positive cervical compression, thoracic spine tenderness to palpation-muscle spasm bilateral upper-mid-lower thoracic region; decreased range of motion, lumbosacral spine tenderness to palpation bilateral paraspinal muscles, sacroiliac joints, sciatic notch, posterior iliac crest, gluteal muscles; muscle spasm bilateral paraspinal-gluteal muscles; decreased range of motion; positive straight leg raise supine 45 degrees and seated right, right shoulder anteriorly-posteriorly- lateral aspect; right biceps muscle-biceps tendon groove-deltoid muscle-rotator cuff muscle-acromion process-AC joint; decreased range of motion; positive neer impingement-Codman's arm drop-supraspinatus, right upper extremity decreased motor strength at 4 out of 5, right anterolateral shoulder and arm-lateral forearm and hand decreased sensation to light touch-pinprick, right knee-ankle decreased deep tendon reflexes at 1 plus, right lower extremity decreased motor strength at 4 out of 5, right anterolateral thigh-anterior knee decreased sensation to light touch-pinprick. Diagnoses included status post blunt head injury without loss of consciousness, post concussive syndrome status post head injury sustain on 06-12-2015, right ear laceration, cervical musculoligamentous strain sprain

with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous strain sprain, lumbosacral musculoligamentous strain sprain with radiculitis, rule out lumbosacral spine discogenic disease, right shoulder strain sprain, right shoulder tendinosis, depression, situational, sleep disturbance secondary to pain and high blood pressure. The treatment plan included Flurbi (NAP) cream-LA 180 grams, hot and cold unit, TENS unit, patient education web classes, consultation with psychiatrist and otolaryngologist and physical performance functional capacity evaluation to determine if the injured worker could safely meet the physical demands of occupation. The injured worker was temporarily total disabled until 07-29-2015. An authorization request dated 06-17-2015 was submitted for review. The request services included Flubi (NAP) cream-LA 180 grams, hot and cold unit, TENS unit, physical performance functional capacity evaluation, patient education web classes, physical therapy evaluation and treatment for cervical, thoracic and lumbar spine and right shoulder 3 times a week for 4 weeks, x-ray of the cervical spine, consultation with psychiatrist and otolaryngologist. On 08-07-2015, Utilization Review modified the request for physical therapy evaluation and treatment 3 x 4 for the cervical spine, thoracic spine, lumbar spine and right shoulder, physical performance functional capacity evaluation, non-certified the request for TENS unit, hot and cold unit and Flubi (NAP) cream-LA 180 grams and authorized the request for consultation with otolaryngologist, consultation with psychiatrist and x-ray of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment 3 x 4 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, you should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, unspecified, it is 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified, it is 8-10 visits over 4 weeks. Therapy may be beneficial for the patient's chronic spine pain, but the request for 12 visits exceeds the MTUS guidelines. MTUS supports up to 10 visits. Therefore, the request is not medically necessary because it exceeds the guidelines.

Physical therapy evaluation and treatment 3 x 4 for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, you should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, unspecified, it is 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified, it is 8-10 visits over 4 weeks. Therapy may be beneficial for the patient's chronic spine pain, but the request for 12 visits exceeds the MTUS guidelines. MTUS supports up to 10 visits. Therefore, the request is not medically necessary because it exceeds the guidelines.

Physical therapy evaluation and treatment 3 x 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, you should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, unspecified, it is 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified, it is 8-10 visits over 4 weeks. Therapy may be beneficial for the patient's chronic spine pain, but the request for 12 visits exceeds the MTUS guidelines. MTUS supports up to 10 visits. Therefore, the request is not medically necessary because it exceeds the guidelines.

Physical therapy evaluation and treatment 3 x 4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: According to the ACOEM Practice Guidelines for the shoulder, patients can be advised to do early pendulum or passive ROM exercises at home, except in cases of unstable fractures, acute dislocations, instability or hypermobility. Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. The ACOEM Practice Guidelines supports a few visits of therapy for instruction in a HEP. The physician is requesting 12 visits. The request exceeds the guidelines for a few visits with a transition to a HEP. Therefore, the request is not medically necessary.

Physical performance Function Capacity Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, Referrals.

Decision rationale: According to the ACOEM Practice Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee physician relationship should be considered to exist. The ACOEM Practice Guidelines supports a referral for an IME. An IME will allow an independent evaluation of the patient's complaints and will provide diagnostic and therapeutic information as well as information regarding employability. The information will be useful in planning future care. Therefore, the request is medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the ACOEM Practice Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. According to the MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Both the Chronic Pain Medical Treatment Guidelines and the ACOEM Practice Guidelines support a one month trial of a TENS unit. The physician is not recommending a one-month trial but rather continued use of a TENS unit. MTUS does not support long term use without a one-month trial, and a one month trial is not documented. Therefore the requested TENS unit is not medically necessary.

Hot and Cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand Chapter.

Decision rationale: According to the MTUS ACOEM Practice Guidelines and the Official Disability Guidelines, at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. This patient does not require a specialized cooling unit. Cold packs can be used as needed for pain and swelling control. Therefore, the request is not medically necessary.

Flurbi (NAP) cream- LA 180grams: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Flurbiprofen is a nonsteroidal anti-inflammatory drug (NSAID). According to the MTUS Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The MUTS Guidelines supports a trial of a topical NSAID. The patient has pain, and topical NSAIDs are safer than oral NSAIDS, 180-grams is a relatively small dose. Therefore, the request is medically necessary.