

Case Number:	CM15-0177075		
Date Assigned:	09/17/2015	Date of Injury:	05/01/2002
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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: Emergency 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 60 year old female, who sustained an industrial injury on May 1, 2002. On August 12, 2015 the injured worker was evaluated and reported a chief complaint of cervical spine and bilateral shoulder pain. She rated the persistent pain in her neck a 9 on a 10-point scale. Her cervical spine pain rating on May 12, 2015 was 4 on a 10-point scale. She described the cervical spine pain as constant and slightly worsening on the left trapezius muscles. She stated that since her right trapezius muscle Cortisone injection the previous month, she had no pain on the right; however, she stated that the pain was on the left side. She complained of bilateral shoulder pain. She rated her right shoulder pain at 4 on a 10-point scale which was rated a 7 on a 10-point scale at her May 12, 2015 visit. She rated her left shoulder pain a 9 on a 10-point scale, with her May 12, 2015 left shoulder pain an 8 on a 10-point scale and she noted that it was worsening. Her pain in the upper extremities and left hand were rated an 8 on a 10-point scale and noted to be constant and worsening with stiffness. She reported that her pain was made better with rest and medications. On physical examination the injured worker had a decreased range of motion of the cervical spine in all planes secondary to cervical fusion. She had tenderness to palpation over the suboccipital regions bilaterally and tenderness to palpation to the left trapezius muscles as well as positive hypertonicity of the left trapezius muscle. She had decreased strength and sensation at 4-5 bilaterally at C5, C6, C7 and C8. Her right shoulder and left shoulder revealed decreased range of motion. She had tenderness to palpation over the subscapular region of the right shoulder and exhibited a positive empty can sign. She had decreased strength at 4-5 with flexion and abduction of the left shoulder. She had tenderness to palpation over the bicipital groove of the left shoulder and had decreased strength at 4-5 with flexion and extension. She had positive Hawkins' impingement and Neer's impingement. Examination of the left hand revealed stiffness and the injured worker was unable to make a fist. She had a weak grip at 3 to 5 with visible deformities of all five digits. The injured worker was

diagnosed as having multilevel cervical disc herniation with rheumatoid arthritis, status post multi-level cervical fusion, Type SLAP lesion, non-displaced as well as partial intrasubstance tear of the subscapularis which results in medial subluxation in the long head of the biceps tendon of the right shoulder per MRI dated March 18, 2015; left shoulder partial tearing of the distal superficial fibers of the subscapularis associated with subluxation of the long head of the biceps out of the bicipital groove per MRI dated March 18, 2015, left elbow strain, left wrist strain, bilateral hand rheumatoid arthritis deformities, and bilateral carpal tunnel syndrome. Treatment to date has included cervical fusion, Tylenol #3, Cortisone injection, topical pain medications, and diagnostic imaging. A request for authorization for twelve (12) sessions of physical therapy between 8-4-2015 and 11-24-2015, one (1) urine toxicology screen between 8-4-2015 and 11-24-2015, and one (1) prescription for Kera-Tek Gel (methyl salicylate - menthol) 4 oz. between 8-4-2015 and 11-24-2015 was received on August 25, 2015. On September 1, 2015, the Utilization Review physician determined that twelve (12) sessions of physical therapy between 8-4-2015 and 11-24-2015, one (1) urine toxicology screen between 8-4-2015 and 11-24-2015, and one (1) prescription for Kera-Tek Gel (Methyl Salicylate - Menthol) 4 oz. between 8-4-2015 and 11-24-2015 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions physical therapy: 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: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed at least 8 prior sessions. The provider requested an additional 12 sessions. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. Additional Physical Therapy is not medically necessary.

1 Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screening may be used for monitoring of patients for aberrant behavior and compliance. Patient had a reported UDS done on 4/15 but the results were not provided for review. Provider has no documented if patient is at high risk for abuse and why another UDS needs to be done so soon to the other. The lack of documentation fails to justify request for urine toxicology screen and therefore is not medically necessary.

Kera-Tek gel (Methyl Salicylate/Menthol) 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Salicylate topicals.

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

Decision rationale: As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Kera-Tek is a brand specific medication containing methyl-salicylate and menthol. 1) Methyl-Salicylate: As per MTUS Chronic pain guidelines, methyl-Salicylate is recommended for osteoarthritis especially of the knee. It may be recommended for certain chronic musculoskeletal pains for short term treatment. There is no evidence for its efficacy in the spine, hip or shoulder. Patient has spine pains. There is no documentation of inability to tolerate oral NSAIDs. It is not medically necessary. 2) Menthol: There is no information in the MTUS Chronic pain, ACOEM guidelines of Official Disability Guidelines concerning menthol. There appears to be some topical soothing effect but no evidence is available to support this affect. The request is specific to a brand name product. There is no documentation as to why Kera-Tek was specially requested. Methyl-salicylate is not recommended therefore Kera-Tek is not medically necessary.