

Case Number:	CM15-0079700		
Date Assigned:	04/30/2015	Date of Injury:	09/08/2003
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on September 8, 2003. She has reported shoulder pain and neck pain. Diagnoses have included cervical spine degenerative joint disease, right rotator cuff tear, and left carpal tunnel syndrome. Treatment to date has included medications, injections, left shoulder surgery, and imaging studies. A progress note dated April 9, 2015 indicates a chief complaint of left shoulder pain and neck pain. The treating physician documented a plan of care that included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x as week for 4 weeks in Dr Sharma office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter <http://www.odg-twc.com/lpreface.htm#PhysicalTherapyGuidelines>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 3x as week for 4 weeks in Dr Sharma office is not medically necessary and appropriate.

Flector Dis 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic injury. There is no documented functional benefit from treatment already rendered. The Flector Dis 1.3% is not medically necessary and appropriate.