MAXIMUS Federal Services

Case Number:	CM15-0096242		
Date Assigned:	05/26/2015	Date of Injury:	03/22/2013
Decision Date:	06/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male who sustained a work related injury March 22, 2013.While driving a tractor trailer, he was involved in an accident with loss of consciousness. Past history included right rotator cuff repair September, 2014 and decompression and partial claviculectomy on the left, January 2014. According to an orthopedic re-evaluation, dated March 10, 2015, the injured worker presented with ongoing right shoulder pain, more than left and dizziness when sitting up from a lying down position and whenever he moves his neck. There is neck pain described as moderate to severe. He also reports moderate lower back pain, mild right wrist pain, and moderate right knee pain. He is currently in therapy for his shoulders and using topical medications, as others upset his stomach. Diagnoses are cervical sprain/strain; bilateral shoulder acromioclavicular joint first degree sprain/strain; right knee medial meniscus tear; right carpal tunnel syndrome; adhesive capsulitis of the right shoulder. Treatment plan included a request for authorization for physical therapy, topical creams, and X Force device with Solar Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy 3 x per week x 6 weeks to both shoulders, neck, and back:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2013. When seen, he was having neck, right wrist, bilateral shoulder, right knee, and low back pain. Physical examination findings included decreased range of motion with stiffness. Authorization for physical therapy, topical cream, and an X Force device with Solar Care was requested. The claimant is being treated for chronic pain without new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or that would be needed to establish or revise a home exercise program. The request is not medically necessary.

Topical creams consisting of Ketoprofen, Gabapentin, and tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in March 2013. When seen, he was having neck, right wrist, bilateral shoulder, right knee, and low back pain. Physical examination findings included decreased range of motion with stiffness. Authorization for physical therapy, topical cream, and an X Force device with Solar Care was requested. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory medication. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.

X Force device with Solar Care: 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), Low Back, Infrared therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant sustained a work injury in March 2013. When seen, he was having neck, right wrist, bilateral shoulder, right knee, and low back pain. Physical examination findings included decreased range of motion with stiffness. Authorization for physical therapy, topical cream, and an X Force device with Solar Care was requested. The claimant is being treated for chronic pain without new injury. An X-Force Stimulator is a device that utilizes an electrical signal to deliver monophasic, peaked impulses directly to the joint. The device is a dual modality unit, also offering TENS functions. Although not recommended as a primary treatment modality, TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Basic TENS units are available for home use and supplies such as electrodes can be reused many times. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS and providing even a basic TENS unit is not medically necessary. In terms of thermal modalities, the use of heat is low cost as an at-home application, has few side effects, and is noninvasive. The at-home application of heat is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There is no need for an infrared heating unit. Therefore providing the requested X-Force device with Solar Care was not medically necessary for this reason as well.