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| <b>Case Number:</b>   | CM13-0007549 |                              |            |
| <b>Date Assigned:</b> | 03/07/2014   | <b>Date of Injury:</b>       | 08/09/2000 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 07/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2013 |

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 66-year-old female with an 8/9/00 date of injury. At the time (6/21/13) of the request for authorization for pain catheter and Rejuveness, there is documentation of subjective (right and left wrist pain) and objective (tenderness at the dorsum of the right wrist, there is a nodule that is palpable and mobile and painful with palpation) findings, current diagnoses (right ganglion cyst on the dorsum of the wrist causing pain requiring surgery that was authorized for surgery in February 2013 but authorization expired), and treatment to date (medication and activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAIN CATHETER, REJUVENESS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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) Shoulder, and Aetna

**Decision rationale:** Regarding the requested pain catheter, MTUS Guidelines do not address this issue. ODG identifies that post-operative pain pump is not recommended and that there is

insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measure. Therefore, based on guidelines and a review of the evidence, the request for pain catheter is not medically necessary. Regarding the requested Rejuveness, MTUS and ODG do not address the issue. Aetna Guidelines indicate that silicone products (e.g., sheeting, gels, rigid shells) are experimental and investigational for the treatment of hypertrophic scars or keloids because there is inadequate evidence from prospective randomized clinical trials in the peer-reviewed published medical literature of the effectiveness of silicone products in alleviating symptoms of hypertrophic scars and keloids. Therefore, based on guidelines and a review of the evidence, the request for Rejuveness is not medically necessary and appropriate.