

Case Number:	CM13-0011293		
Date Assigned:	09/24/2013	Date of Injury:	12/06/2012
Decision Date:	01/09/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

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 underlying date of injury in this case is 12/06/2012. The patient is a 48-year-old woman. Treating diagnoses include left partial supraspinatus tendon tear, left shoulder impingement with bursitis, left shoulder acromioclavicular degenerative joint disease, bilateral wrist synovial/ganglion cyst, neck and mid back pain, and a history of left carpal tunnel release in 2005/2006. A prior physician review concluded that a TENS unit was not indicated since the patient did not appear to have one of the specified conditions nor did the patient have chronic intractable pain. Terocin was noncertified as not supported by the guidelines as medically necessary. The requested chiropractic treatment was noncertified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 4oz.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics, page 111, states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal

required." The medical record in this case does not contain such information to support rationale for this compounded medication. This request is not medically necessary.

TENS unit, #30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on TENS, page 114, states, "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" for various types of neuropathic pain. The medical records do not document such a neuropathic pain diagnosis at this time. This request is not medically necessary

Chiropractic visits, #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation, page 58, states, "Forearm, wrist, and hand: Not recommended." Therefore, the treatment requested at this time contains at least 2 body areas which are specifically not supported as indicated for manual medicine. This request is not medically necessary.