

Case Number:	CM13-0017338		
Date Assigned:	10/11/2013	Date of Injury:	05/10/2010
Decision Date:	01/30/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

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 General Surgery 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. 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:

The patient is a 53 year old male who now retired correctional officer, who has multiple work related disabilities. His first problem was a right carpal tunnel syndrome that developed in response to writing numerous reports. He received a permanent and stationary disability in 2008. He subsequently injured his low back during supervision of prisoner firefighters in 2010. In mid 2010 he took time off for treatment of migraines and high blood pressure. He returned to work in late 2010mn and subsequently retired in August of 2011. He had an extensive exam in October 2011 with the diagnosis of right carpal tunnel, right wrist ganglion cyst, the question of right shoulder derangement and a possible herniated lumbar disk. MRI of the shoulder reveals a 50% tear of the supraspinatus tendon and mild tenosynovitis. There was no rotator cuff tear. RI of the LS spine revealed 2-3 mm disc protrusion with mild to moderate stenosis. He has had multiple chiropractic treatments and requests are now made for IF, electro-diagnostic studies, Medrox patch, Baclofen cream, and shoulder injections. Initial reviewer denied services based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

Decision rationale: Not recommended as an isolated measure but may be appropriate as part of a comprehensive pain management program.

Electrodes QTY: 18.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The electrodes are for electro-diagnostic testing. Given the disk disease, as well as previously diagnoses carpal tunnel, in this patient with multiple etiology pain, NCV/EMG is appropriate for diagnosis and to guide therapy

Medrox patch (quantity=box) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Medrox patched are methyl salicylate and menthol. They may be useful in acute sprains. Equivalent patched are available quite inexpensively over the counter. Their effectiveness is minimal, but cost is low.

Therapeutic cream, Baclofen QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation drugs.com

Decision rationale: Baclofen cream may be effective when used in conjunction with Amitryptiline for neuropathic pain. There is no evidence that he is suffering from this and if spasm is the issue, oral agents may be more effective

Retro Right shoulder Injection QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

Decision rationale: He had clear disease in the shoulder joint and over time restriction of activity leads to constricting bursitis. Limited injection therapy, in combination with PT can improve mobility and prevent "frozen shoulder." Long term and chronic steroid can cause tendon rupture. It is reasonable to have a limited trial of injection therapy to allow more vigorous PT.