

<b>Case Number:</b>	CM13-0037444		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Occupational 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 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 claimant is a 50 year old female with date of injury 3/31/2013. The claimant has been receiving treatment for injuries to her right small finger, right upper extremity, and right shoulder. Progress note dated 9/26/2013 reports that the claimant has been using medications and TENS unit which have reduced her pain from 9/10 to 6-7/10. She complained of pain in her right upper extremity that was achy, constant and worse at night. Relevant objective findings included mild swelling at the right small finger, tenderness to palpation, decreased range of motion at the DIP and PIP joints, decreased right hand grip strength and mild tenderness at the right atecubital fossa and the front of the right shoulder. Diagnoses include 1) comminuted right 5th middle phalanx fracture, healing 2) finger pain, right 5th finger 3) right arm pain 4) myofascial pain syndrome 5) status post finger laceration, well healed. The treatment plan included discontinuing use of Terocin patches, Norflex and ibuprofen, and to continue the use of Anaprox, Prilosec, Terocin cream, TENS unit, home exercise program, physical therapy and occupational therapy. She is returned to work with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of acupuncture:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** It is noted that on the progress noted dated 10/8/2013, the request for acupuncture had been approved, and this was a request for six additional sessions. Acupuncture treatment reports for four sessions were available for review, and the claimant reported liking the acupuncture as it was effective in reducing her pain. The request for acupuncture is within these guidelines, and is determined to be medically necessary.

**1 prescription for terocin cream 120 grams 2 bottles:** 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): 111-113.

**Decision rationale:** The clinical documents do not indicate that the claimant has failed other treatments for her pain that would indicate the use of a topical analgesic. The use of lidocaine cream is not supported by these guidelines, and these guidelines specify that if one ingredient of a compounded cream is not clinically indicated then the compounded cream should not be used. The request for Terocin cream is not supported by these guidelines and is therefore determined to not be medically necessary.

**1 TENS unit:** Upheld

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

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

**Decision rationale:** The clinical documents reviewed state that the use of TENS in physical therapy provided benefit with the use of medications, reducing pain from 9/10 to 6-7/10. The benefit of pain control with medications is mentioned; therefore the claimant has not failed treatment with medications, requiring an alternative treatment. There is no documentation of improved function with the use of the TENS unit. The treatment plan does not specify short-term and long-term goals with the use of the TENS unit. The claims adjuster requested this information in the initial review. The request for a TENS unit does not meet the criteria of these guidelines, and is therefore determined to not be medically necessary at this time. If, however, the request is accompanied with information that is consistent with the criteria above, it may become substantiated.

**Physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The claimant's injury warranted physical therapy/occupational therapy, and 12 sessions were approved. The claimant has been participating in home exercise therapy program, which is one of the goals of physical therapy. Continued therapy beyond 12 sessions is not substantiated by the clinical documentation as that would be beyond a typical amount of physical therapy for the claimant's injuries. The request also does not specify how many additional sessions of therapy are being requested. The request for physical therapy is therefore determined to not be medically necessary.

**Occupational therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The claimant's injury warranted physical therapy/occupational therapy, and 12 sessions were approved. The claimant has been participating in home exercise therapy program, which is one of the goals of physical therapy. Continued therapy beyond 12 sessions is not substantiated by the clinical documentation as that would be beyond a typical amount of physical therapy for the claimant's injuries. The request also does not specify how many additional sessions of therapy are being requested. The request for occupational therapy is therefore determined to not be medically necessary.