

Case Number:	CM13-0051106		
Date Assigned:	12/27/2013	Date of Injury:	11/28/2007
Decision Date:	04/29/2014	UR Denial Date:	09/14/2013
Priority:	Standard	Application Received:	10/04/2013

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 District of Columbia and Virginia. 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:

This is a 55 year old woman who sustained injury on Nov 28 2007 while working as a counselor at [REDACTED]. Thereafter, she suffered from neck stiffness and tingling. She had chiropractic treatment by [REDACTED]. He ordered temporary disability and recommended 12 chiropractic treatments. These were provided through Mar 2008. [REDACTED] diagnosed the patient with right shoulder impingement on Jun 18 2008. He recommended further evaluation with a right shoulder MRI and cervical spine MRI. The patient continued to see [REDACTED] through Nov 24 2008. [REDACTED] saw the patient on Jul 28 2010. He diagnosed the patient with cervical strain, right greater than left shoulder impingement. [REDACTED] saw the patient on Aug 2 2010 and recommended MRI of the right shoulder which was done on Aug 11 2010 and revealed mild rotator cuff tendinopathy but no evidence of tear. The patient had right shoulder surgery on Jan 11 2011. Following surgery, the patient was ordered to have physical therapy. Also, on Aug 24 2004, while at work, the patient suffered injury to her low back. She received conservative care. This was documented by [REDACTED] on Aug 31 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF CHIROPRACTIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Chronic Pain Programs, Manual Therapy and Manipulation Page(s).

Decision rationale: Upon review of the clinical documentation provided, the medically need for 12 chiropractic session is not established. Per MTUS, a trial of chiropractic therapy is to specifically identify musculo-skeletal conditions and can be given for 6 sessions. There was no demonstrated improvement in symptoms and therefore is not medically indicated.

DENDRACIN LOTION 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical, Lidoderm, Salicylate Topicals Page(s): 28-29, 56-57 & 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Salicylate Topicals

Decision rationale: Dendracin contains Methyl Salicylate, Benzocaine and Menthol. Benzocaine is a local anesthetic, similar to Lidocaine. Per MTUS, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy(such as tricyclic or SNRI anti-depressant or an AED such as gabapentin or lyrica). For topical salicylate, Recommended. Topical salicylate is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) Per ODG, Methyl Salicylate effectiveness is ' limited by the quality, validity and size of the available studies'. This patient did not have an initial trial with first line therapy as recommended by MTUS and it is currently indicated to treat chronic pain. Therefore, it is not medically indicated.