

Case Number:	CM13-0053122		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2006
Decision Date:	03/11/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Interventional Spine 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 58-year-old female with date of injury on 05/25/2006. The progress report dated 09/06/2013 by [REDACTED] indicates that the patient's diagnoses include status post excision of trapezium and interpositional arthroplasty, right wrist, status post FCR tenodesis, right wrist, right MCP joint arthritis, numbness, right hand, probable right carpal tunnel syndrome, CMC joint arthrosis, base of left thumb, left shoulder tendonitis and cervicobrachial syndrome with chronic pain. The patient continues with significant left shoulder pain. The patient reports she has undergone therapy for the shoulder, but her pain has not resolved. The patient also reports symptoms of frozen sensation in the right wrist and numbness in the hand. The exam findings included 30% of normal range of motion in cervical spine. There is tenderness to palpation over the anterior scapular area. The patient has a positive Tinel's sign and Phalen's sign at the right wrist. There is mild tenderness to palpation over the basal joint of the right thumb. The patient has positive impingement sign of the left shoulder and reduced range of motion. The utilization review letter dated 10/09/2013 indicates there was a non-certification of requested treatment including: physical therapy x6 for the left shoulder, TENS unit, Capsaicin cream OTC, and occupational therapy for the right wrist x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient continues with left shoulder pain and has reported that she had undergone recent physical therapy but continue with persistent left shoulder pain. The utilization review letter dated 10/09/2013 indicates that the patient had prior physical therapy authorization of 8 sessions between March and April of 2013. The patient also was authorized for aquatic therapy between 08/30/2013 and 10/14/2013. The California MTUS page 98 and 99, regarding physical medicine, allows for fading of treatment frequency plus active self-directed home physical medicine. The medical records appear to indicate the patient has recently undergone prior physical therapy without significant functional benefit. The additional therapy requested does not appear to be reasonable at this time. The patient should also be established on a home exercise program for prior therapy. The recommendation is for denial.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 116.

Decision rationale: The patient continues with significant left shoulder pain and right hand and wrist pain. The California MTUS page 116 regarding TENS unit therapy indicates that a 1-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. The progress report dated 06/28/2013 by [REDACTED] indicates that the patient reported the benefit of decreased pain in her right hand as well as her left shoulder with the use of the TENS unit. The utilization review letter dated 10/09/2013 had indicated that the patient had a prior trial of TENS unit therapy in March of 2013. The treating physician had encouraged the patient to continue to use the TENS unit as it had provided benefit in the form of pain control. For home use of TENS, MTUS requires documentation of "how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, while the provider states that TENS unit helps with pain, there is no mention of any changes in function. The recommendation is for denial.

Capsaicin Cream OTC: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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

Decision rationale: The patient continues with left shoulder pain and right wrist and hand pain. The California MTUS page 111 through 113 regarding topical analgesics had a section specifically for Capsaicin, which states it is recommended only as an option in patients who have not responded or intolerant to other treatments. The California MTUS further states that Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The records do not indicate what concentration the over-the-counter Capsaicin cream is. However, given that the California MTUS does allow for the use of Capsaicin cream for osteoarthritis, fibromyalgia, and chronic non-specific back pain, recommendation is for authorization.

Occupational therapy/hand therapy two times a week for three weeks for the right wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 103.

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

Decision rationale: The patient continues with the right wrist pain and numbness and cold sensation in the wrist and hand. The utilization review letter dated 10/09/2013 indicates that the patient had prior occupational therapy including 8 sessions between January and March of 2013 plus an additional 6 sessions between 05/15/2013 and 08/15/2013. The California MTUS Guidelines page 98 and 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. A total of 8 to 10 visits are recommended for diagnosis such as neuralgia, neuritis, and radiculitis, unspecified. The patient appears to have recently undergone occupational therapy including 6 sessions, and the additional 6 sessions requested would exceed the recommended number of visits by MTUS. The 07/22/2013 physical therapy note for the wrist indicated that the patient was progressing well. This was the 6 out of 8 sessions according to the progress note. The medical records do not appear to indicate the patient is unable to carry out a home exercise program following the most recent therapy for the right wrist. The additional occupational therapy for the right wrist does not appear to be reasonable. Therefore, recommendation is for denial.