

Case Number:	CM13-0056675		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2012
Decision Date:	04/01/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working least at 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 has a [REDACTED] and a work-related injury dated 12/20/12. The mechanism of injury occurred when a chair which she was trying to sit on slipped under her and she fell onto her knees. There is a request for Bio-Therm, duration and frequency unknown dispensed 9/19/13 for the right knee and shoulder. Her diagnoses include cervical radiculopathy, lumbosacral radiculopathy, shoulder, knee, wrist, elbow and ankle tendinitis and bursitis. A 10/28/13 primary treating physician document indicates that the patient has severe pain affecting the right shoulder with weakness and pain in the right knee. Medication list include Ultram and Bio-Therm topical cream. Physical exam of the right shoulder revealed there was tenderness to palpation anteriorly and laterally. Range of motion testing revealed 130 degrees flexion, and 90 degrees abduction with severe pain. External and internal rotations were limited secondary to pain. Neurovascular status was intact distally. Strength was 4/5. Drop arm test was positive. Examination of the right knee revealed there was tenderness to palpation. There was full active range of motion for flexion and extension. Strength was 5/5. MRI of the Right Shoulder without Contrast IMPRESSION: 1 Focal moderate partial tearing of the supraspinatus tendon at the insertion. Mild to moderate: partial tearing of the subscapularis tendon. Mild articular sided tearing of the infraspinatus tendon. 2) Mild tendinosis of the intra-articular biceps tendon. The biceps anchor is intact. 3) Moderate subacromial/subdeltoid bursitis. Small joint effusion. 4) Moderate osteoarthritis of the acromioclavicular joint causing mild narrowing of the supraspinatus outlet. The treatment plan on this date states that the patient had an MRI on October 11, 2013 of the right shoulder. The doctor states that he is in receipt of an MRI report of the right shoulder dated October 11, 2013. The MRI does reveal partial tearing of the supraspinatus tendon, as well as partial tearing of the subsacpularis tendon. At this point, the patient is still pending authorization

for physical therapy of the right shoulder. In the meantime, the patient will get a refill for the medications to include Ultram and BioTherm topical cream. The documentation further states that at this time, the patient does continue with musculoskeletal pain. This patient has been intolerant to other treatment including activity restrictions, medications and home exercise and does remain significantly symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for Bio-Therm, duration and frequency unknown dispensed 9/19/13 for the right knee and shoulder: 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 Topical analgesics, Capsaicin, topical Page(s): 111-113, 28-29.

Decision rationale: Bio-Therm, duration and frequency unknown dispensed 9/19/13 for the right knee and shoulder is not medically necessary per the MTUS guidelines. Biotherm contains (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) The MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The patient is currently on Tramadol and has taken Ibuprofen with no documentation of intolerance to these medications or other treatments. Additionally, the MTUS states that topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. " Subsequent use of Biotherm revealed no significant improvement in pain levels. Additionally the request has no specification of duration or frequency. The request for Bio-Therm is not medically necessary and is recommended as non-certified.