

Case Number:	CM13-0056916		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2013
Decision Date:	04/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic 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 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:

The patient is a 41-year-old female who was injured in a work related accident on 01/03/13. The recent clinical assessment of 09/18/13 documented ongoing orthopedic complaints of the neck, bilateral shoulders, bilateral elbows, and wrist complaints. The injury was noted to occur performing her normal and customary activities in a work related fashion. Subjective complaints were documented as neck pain with radiating pain to the shoulders, shoulder pain with overhead activity, elbow pain with weakness and hand pain with numbness or tingling into the index through the long finger, left greater than right. Objectively, there was restricted cervical range of motion at endpoints, positive impingement of the bilateral shoulders with no swelling or atrophy and adequate strength with the exception of supraspinatus testing at 4+/5. Deep tendon reflexes were equal and symmetrical to the upper and lower extremities. The elbow examination showed full and unrestricted motion. The remainder of the neurological examination showed a positive Phalen's testing and reverse Phalen's testing bilaterally. The claimant's current working diagnosis was C5-6 disc herniation, bilateral shoulder impingement syndrome, bilateral elbow epicondylitis, and bilateral wrist carpal tunnel syndrome. Recommendation was made for continuation of medication management to include Theraflex and Biotherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO THERM 120 GM: 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 Page(s): 111-113.

Decision rationale: Biotherm is "skin care product" sold over-the-counter as a moisturizer. At present, there would be no current indication per the Chronic Pain Medical Treatment Guidelines for topical application of medications for skin care for use of this product. The product itself does not indicate its need in the treatment of work related conditions. The specific request for Biotherm would not be indicated.

THERAFLEX 180 GM: 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 Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines would also not support the role of Theraflex. This is an anti-inflammatory "cream." Chronic Pain Medical Treatment Guideline criteria would recommend the role of Diclofenac in the topical setting for anti-inflammatory purposes. The role of this agent based on the Chronic Pain Medical Treatment Guidelines would not be supported for medical necessity.