

Case Number:	CM13-0060116		
Date Assigned:	12/30/2013	Date of Injury:	06/11/2013
Decision Date:	04/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Pulmonary Diseases 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 46-year-old male who reported an injury on 06/11/2013. The patient's diagnosis was noted to be right elbow internal derangement. The mechanism of injury was noted to be that the patient was delivering at [REDACTED] and was pulling a Dutch rack when the patient felt a pop in the right elbow. The patient was noted to be treated with physical therapy. The clinical documentation dated 09/25/2013 revealed that the patient underwent 6 sessions of physical therapy, which were not beneficial. The patient's complaints were noted to include an intermittent throbbing pain in the right arm and pain that was increased with lifting, pushing, pulling, gripping and grasping. The patient denied numbness and tingling. The medial and lateral elbow was tender to palpation. The orthopedic testing was negative. The diagnosis was noted to include right elbow internal derangement. The request was made for physical therapy, an EMG (Electromyography) of the right upper extremity and Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY FOR RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation General Approaches: ACOEM Pain, Suffering and Restoration Function Chapter, page 114

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

Decision rationale: The California MTUS Guidelines indicate that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment, and treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the patient had 6 prior therapy sessions. The clinical documentation indicated that the patient received no benefit from the therapy and there was a lack of documentation of exceptional factors. Additionally, there was a lack of documentation of the patient's objective functional deficits and objective findings upon examination to support ongoing therapy. Given the above, the request for physical therapy times 6 is not medically necessary.

EMG (ELECTROMYOGRAPHY) OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide myotomal and dermatomal findings upon examination to support the request. Given the above, the request for EMG (Electromyography) of right upper extremity is not medically necessary and appropriate

Medrox pain relief ointment BID(TWICE A DAY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....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." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a

topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The clinical documentation submitted for review failed to provide documentation that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation indicating that the patient had not response to or was intolerant to other treatments. There was a lack of documentation of exceptional factors to warrant non adherence to the guideline recommendations. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for Medrox pain relief ointment twice a day is not medically necessary.