

Case Number:	CM13-0072358		
Date Assigned:	01/08/2014	Date of Injury:	12/19/2012
Decision Date:	05/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 injured worker is a 44 year old female who reported an injury on 12/19/2012; the mechanism of injury was a repetitive movement injury. The injured worker reported pain, swelling and numbness to bilateral hands. The injured worker had an EMG/NCV performed on the bilateral upper extremities which reported entrapment neuropathy of the median nerves at both wrists with carpal tunnel syndrome, entrapment of the median nerves at bilateral elbows with cubital tunnel syndrome. The injured worker reported constant right shoulder pain rated at 8/10, which radiated to the upper arm, constant right wrist pain rated 5/10, and intermittent left wrist pain rated 3/10. The injured worker also reported numbness and tingling to the bilateral hands. Per the clinical note dated 11/18/2013 the right shoulder demonstrated positive Hawkin's and Neer's signs, range of motion was decreased, and strength was 4/5. The injured worker Final Determination Letter for IMR Case Number [REDACTED] received a cortisone injection to the right shoulder on 11/18/2013. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED POST OPERATIVE PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS guidelines recommend 3-8 sessions of physical therapy over 3-5 weeks for open or endoscopic procedures. The guidelines recommend a 3 month post-operative treatment period. Within the medical records there is a lack of documentation regarding the efficacy of the previous physical therapy sessions. It was unclear how many sessions of physical therapy the injured worker has attended. Therefore the request for continued post-operative physical therapy is non-certified.

MEDROX PATCHES TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The CA MTUS Guidelines state Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox is a compounded topical consisting of Capsaicin 0.0375%, Menthol 5%, and Methyl Salicylate 20%. There was a lack of documentation indicating the injured worker has not responded to or was intolerant of other treatments. It did not appear the injured worker had diagnoses which would indicate the injured workers need for the medication. The submitted request did not indicate the site at which the patch would be utilized. Therefore, the request for Medrox patches twice a day is non-certified.

RIGHT SHOULDER CORTISONE INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

Decision rationale: Per the ACOEM guidelines a sub-acromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. There is a lack of documentation regarding prior conservative treatments and the efficacy of those treatments. It was unclear if the injured worker had pain which significantly interfered with functional activities. Therefore, the request for right shoulder cortisone injection is non-certified.