

Case Number:	CM14-0102400		
Date Assigned:	07/30/2014	Date of Injury:	10/15/2012
Decision Date:	09/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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 Geriatrics, and is licensed to practice in New York. 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 50 year old woman with a date of injury of 10/15/12. She was seen by her primary treating physician on 6/5/14 with complaints of pain and stiffness in the right shoulder. She had slight trapezial and parascapular tenderness on the right with moderate stiffness with pain and crepitus with range of motion. Tinel's sign was positive at the right cubital tunnel and Tinel's and Phalen's signs were negative at the carpal tunnels bilaterally. Grip strength was diminished on the right and elbow flexion test was negative. Her diagnoses were status post right ASAD with postoperative stiffness, trapezial, paracervical and parascapular strain, right cubital and radial tunnel syndrome and resolving right wrist pain. She is status post a course of physical therapy. At issue in this review is the request for acupuncture and refill of Methoderm gel which she has been receiving for months at minimum per the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4, 8-9.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The records do not indicate that's he is not able to return to productive activities or that she is participating in an ongoing exercise program to which the acupuncture would be an adjunct. She had a course of physical therapy in the past. In this injured worker, the medical records do not support the medical necessity for 12 acupuncture treatments. Therefore, the request is not medically necessary.

Retrospective: Menthoderam Gel 120mg DOS: 06/05/2014: 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 Page(s): 111-112.

Decision rationale: This worker has chronic right shoulder and arm pain. Menthoderam is a topical analgesic consisting of Methyl salicylate and menthol. This product is used in the temporary relief of minor aches and pains of muscle and joints associated with arthritis, bruises, simple backache, sprains, and strains. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity of a non-recommended product. Therefore, the request is not medically necessary.