MAXIMUS Federal Services

Case Number:	CM14-0011367		
Date Assigned:	02/21/2014	Date of Injury:	11/26/2012
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine 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 applicant has filed a claim for bilateral wrist pain reportedly associated with an industrial injury of November 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; unspecified amounts of physical therapy over the life of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 10, 2014, the claims administrator denied a request for Terocin lotion, denied a request for six sessions of physical therapy, and approved an H-Wave device trial. The claims administrator stated that the applicant had not benefitted through earlier physical therapy in unspecified amounts. In progress note dated January 10, 2014, the applicant was described as reporting persistent weakness, numbness, and tingling following earlier carpal tunnel release surgery, trigger thumb release surgery, small finger release surgery in May 2013. The applicant also had similar symptoms about the left hand. No overt triggering was noted. The applicant was asked to pursue additional physical therapy. The applicant's work status was not stated. On September 15, 2013, the applicant's primary treating provider stated that the applicant's symptoms of residual triggering and paresthesias would likely resolve over time. The applicant's work status was again not provided. A February 1, 2013 work status report was notable for comments that the applicant had a rather proscriptive 5-pound lifting limitation in place. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 12ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: No, the request for Terocin lotion is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin, which are deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

SIX (6) PHYSICAL THERAPY SESSIONS FOR BILATERAL HANDS/WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 8, 98-99.

Decision rationale: The request for six sessions of physical therapy for the bilateral hands and wrists are not medically necessary, medically appropriate, or indicated here. As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, tapering the frequency of treatment over time, and self-directed home physical medicine are recommended during the chronic pain phase of an injury. In this case, it has not been clearly stated how much prior treatment the applicant has had over the life of the claim. The applicant's response to earlier treatment is unknown. The applicant's work status and functional status are unknown. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in a treatment program so as to justify continued treatment. In this case, there is no such documentation on the presence or absence of functional improvement. Finally, the MTUS Guideline in ACOEM Chapter 3, page 48 states that it is incumbent upon the attending provider to furnish a clear prescription for physical therapy, which clearly states treatment goals. In this case, however, the attending provider has not clearly stated treatment goals. The attending provider has not clearly stated what the goals of further physical therapy are, going forward. Therefore, the request is not medically necessary, for all of the stated reasons.