MAXIMUS Federal Services

Case Number:	CM14-0119593		
Date Assigned:	09/24/2014	Date of Injury:	12/24/2011
Decision Date:	11/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/28/2014

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 Internal Medicine and 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 injured worker is a 52-year-old female who reported an injury on 12/24/2011. The mechanism of injury was not provided. On 06/12/2014, the injured worker presented with constant right shoulder pain. Upon examination of the right shoulder, there was tenderness to palpation over the subdeltoid and subacromion. There was increased pain noted with passive range of motion. Prior therapy included aquatic therapy and medications. The provider recommended aquatic therapy and Menthoderm. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, right shoulder #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for aquatic therapy for the right shoulder with a quantity of 8 is not medically necessary. The California MTUS recommends aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize effects of gravity, specifically recommended

where reduced weight bearing is desirable. For example, extreme obesity. The guidelines recommend up to 10 visits of aquatic therapy over 4 weeks. Documentation of the injured worker is recommended for reduced weight bearing exercises. The amount of prior aquatic therapy visits and the efficacy of those visits were not provided. Additionally, the provider's request does not indicate the frequency of the aquatic therapy visits in the request as submitted. As such, medical necessity has not been established.

Menthoderm 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Menthoderm 120 mL is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. There is lack of an objective assessment of the injured worker's pain level, and the efficacy of the prior use of the medication and did not indicate objective functional improvement and reduction of pain levels in the injured worker. Additionally, the provider's request does not indicate the frequency of the medication nor the site that it is intended for in the request as submitted. As such, medical necessity has not been established.