

Case Number:	CM14-0121930		
Date Assigned:	08/06/2014	Date of Injury:	09/16/2009
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 66-year-old female with date of injury of 09/16/2009. The listed diagnoses per Dr. [REDACTED] dated 07/09/2014 are Lumbar disk rupture, Chondromalacia patella, Impingement syndrome, cervical radiculitis, Carpal tunnel syndrome and Status post left carpal tunnel release, 05/12/2014. According to this report, the patient complains of intermittent slight pain in her left shoulder where she had surgery. She has had a severe flareup of her lower back pain. The upper extremity NCV and EMG studies performed on 08/06/2013 showed evidence of left wrist carpal tunnel syndrome and chronic C6 neuropathic changes on the left side. The patient is now 2 months following left carpal tunnel release. The objective findings show the patient is able to abduct her left arm at 150 degrees with very little pain. She has slight weakness on abduction against resistance. The patient has good cervical range of motion but has discomfort on terminal rotation to the left side. She has tenderness over the left paracervical musculature. She also experiences tenderness over the left lower back in spite of a cortisone injection. The patient has slight pain on the left side of her neck at the extremes of rotation. The left palm carpal tunnel incision is healed nicely. There is minimal swelling. The patient has slight discomfort at the extremes of wrist dorsiflexion. The utilization review denied the request on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #10: 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 The MTUS has the following regarding topical creams Page(s): 111-112.

Decision rationale: This patient presents with left shoulder and low back pain. The patient is status post carpal tunnel release from 05/12/2014. The provider is requesting Terocin patch quantity 10. The MTUS Guidelines page 112 on topical lidocaine states "recommended for localized peripheral pain after there has been evidence of a first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designed for orphan status by the FDA for neuropathic pain." The records show that the patient has been utilizing Terocin patches since 01/29/2014. None of the reports document medication efficacy as it relates to the use of Terocin patches. Furthermore, the provider does not indicate what this patch is being used for. It would not be indicated for the patient's non-neuropathic shoulder and back pain. Therefore, the request is not medically necessary.

Additional Post-operative physical therapy 2 x 3 - left wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with left shoulder and low back pain. The patient is status post carpal tunnel release from 05/12/2014. The provider is requesting six additional postoperative physical therapy for the left wrist. The MTUS Postsurgical Guidelines page 15 on carpal tunnel syndrome recommends 3 to 8 visits over 3 to 5 weeks. The records do not show any recent physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating, "The doctor discussed the case with me and said that he did not believe the worker had gotten any PT for the wrist. He could not state what was needed in formal PT that would not be available in the home exercise program, but if indeed, the worker has not attended PT then she may not have learned a home exercise program (HEP)." In this case, it appears that the patient has not received postsurgical physical therapy and the requested 6 sessions is within MTUS Guidelines. Recommendation is for authorization. Therefore, the request is medically necessary.