

Case Number:	CM14-0126289		
Date Assigned:	08/13/2014	Date of Injury:	12/05/2011
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 & Rehabilitation, and is licensed to practice in Texas. 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 male with a right shoulder injury. The utilization review dated 05/28/14 resulted in non-certification for topical medications, continued physical therapy, extracorporeal shockwave therapy for both shoulders and electrodiagnostic nerve conduction studies bilateral upper extremities. No information was submitted confirming clinical findings consistent with calcifying tendinosis at the shoulders at the left shoulder. No information was submitted regarding any conservative treatment addressing left shoulder complaints. Therefore, extracorporeal shockwave therapy was not indicated. No information was submitted regarding flare up of symptoms justifying the need for additional physical therapy. A clinical note dated 10/03/13 indicated the injured worker complaining of bilateral wrist pain and numbness in the hands. The injured worker underwent exam revealing positive findings of Tinel on the left. Electrodiagnostic studies on 10/03/13 revealed essentially normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medications: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines. Therefore, this request is not medically necessary.

Continued physical therapy 2x6 visits for the lumbar spine, shoulders, elbows and wrists:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59/127.

Decision rationale: The injured worker previously underwent conservative treatment addressing the numerous complaints. No information was submitted regarding objective functional improvement through the initial course of treatment. Therefore, it is unclear if the injured worker would benefit from additional therapy at this time. Therefore, this request is not medically necessary.

ECSWT of bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Extracorporeal shock wave therapy.

Decision rationale: Extracorporeal shockwave therapy for the shoulders is indicated for injured workers who have definitive findings consistent with calcifying tendinosis. No information was submitted confirming findings consistent with calcifying tendinosis. Therefore, this request is not medically necessary.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Neck and Upper Back Complaints, pages - 177-8.

Decision rationale: The injured worker recently underwent electrodiagnostic studies of the upper extremities. Repeat studies would be indicated provided that the injured worker meets specific criteria, including significant development of new pathology or significant change in symptomology. No information was submitted regarding development of any new pathology in the upper extremities or changes in symptomology. Given this, the request is not medically necessary.