

Case Number:	CM14-0178202		
Date Assigned:	10/31/2014	Date of Injury:	04/17/2014
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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:

This is a female injured worker of an unknown age with a 4/17/14 date of injury. The mechanism of injury occurred when she was walking outside of a building, tripped, and fell on the left side of her body. There were no progress notes for review; however, the UR decision dated 10/13/14 refers to a 10/3/14 progress report. According to the 10/3/14 report, the injured worker complained of ongoing tenderness in the left medial elbow. She stated that she felt the "pain was improving." She has had 6 sessions of physical therapy with benefit. She has taken Naproxen and Salonpas patches, which she prefers. Objective findings: elbow tenderness, full range of motion, tenderness of medial epicondyle, and a normal neurological exam. Diagnostic impression: adhesive capsulitis of shoulder. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/13/14 modified the request for Camphor-Methyl Salicylate-Menthol-Tocopherol PTMD patch from 40 patches to 20 patches. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Camphor-Methyl Salicylate - Menthol - Tocopherol PTMD patch #40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, in the present case, there were no progress reports provided for review. The UR decision dated 10/13/14 modified the request for Camphor-Methyl Salicylate-Menthol-Tocopherol PTMD patch from 40 patches to 20 patches. There was no rationale provided, such as the number of patches used or the frequency of use, to identify why this injured worker requires 40 patches at this time. Therefore, the request for Camphor-Methyl Salicylate - Menthol - Tocopherol PTMD patch #40 is not medically necessary.