

Case Number:	CM14-0024247		
Date Assigned:	06/11/2014	Date of Injury:	03/05/2010
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/26/2014

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 and is licensed to practice in Alabama. 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 49-year-old male who was injured on 03/05/2010 when he jumped over a fence and his hand got caught on a pallet full of material. MRI of the left elbow dated 10/23/2013 revealed mild lateral epicondylitis. Progress report dated 12/02/2013 reported the patient complained of persistent left shoulder pain, mild occasionally becoming moderate. He complained of worsening left elbow rated as moderate to severe pain. He reported numbness, tingling, and weakness in his left hand. On examination of the left shoulder, there was tenderness to palpation of the glenohumeral joint in the bicipital groove. His range of motion is limited secondary to pain. He has positive impingement and apprehension sign on the left. The left elbow examination revealed tenderness to palpation and mild inflammation of the medial epicondyle. Elbow range of motion was full at the end range. He had positive cubital Tinel's. His sensation is intact for bilateral upper extremities. Diagnoses are cervical spine sprain/strain, lumbar spine sprain/strain; ulnar neuritis and medial epicondylitis of the elbow, left shoulder osteoarthritis, tendonitis, and bursitis, and right shoulder arthritis and tendonitis. The treatment and plan included an orthopedic consultation for the left shoulder, right shoulder, left elbow and left wrist. He was prescribed medications as well as transdermal compounds. Prior utilization review dated 02/20/2014 states the requests for perspective capacity functional evaluation is denied and request for unknown prescription of transdermal compounds is denied as it is not clear what dosage is being requested for the compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, page 511; Official Disability Guidelines (ODG), Fitness For Duty, Functional Capacity Evaluation (FCE); and Workplace Safety and Insurance Board (WSIB) Annual Report, 2003.

Decision rationale: As per ACOEM guidelines, Functional capacity evaluations (FCE) may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. As per the ODG and the WSIB 2003 guidelines recommend to consider an FCE if "timing is appropriate: close or at maximum medical improvement (MMI)/all key medical reports secured; case management is hampered by complex issues such as: prior unsuccessful return to work (RTW) attempts, conflicting medical reporting on precautions and/or fitness for modified job." In this case, there is no clear documentation of maximal medical improvement, case management being hampered by complex issues such as prior unsuccessful RTW attempts, or conflicting medical reporting on precautions. In addition, the guidelines state "do not proceed with an FCE if: the sole purpose is to determine a worker's effort of compliance; the worker has returned to work and an ergonomic assessment has not been arranged." The FCE "not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." Therefore, based on the WSIB 2003 guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

UNKNOWN PRESCRIPTION OF TRANSDERMAL COMPOUNDS: 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): 111-113.

Decision rationale: The MTUS guidelines as above recommends use of topical NSAIDS "indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, and, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Per MD note on 5/13/13 Exoten-C pain relief lotion (methyl salicylate, 20%/menthol 10%/capsaicin0.002%)" was prescribed with diagnoses for that visit as "cervical spine sprain/strain, lumbar spine sprain/strain, and bilateral shoulder sprain/strain." As per guidelines, topical NSAIDS have not been evaluated for treatment of spine, hip, or shoulder. In addition, MTUS guidelines state, "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended." Being that the topical NSAID is not

indicated as above, the Exoten-C lotion is thus not recommended. Therefore, based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.