

Case Number:	CM14-0065168		
Date Assigned:	07/11/2014	Date of Injury:	08/10/2007
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on 8/10/2007. The mechanism of injury was not listed in the most recent progress note, dated 4/8/2014. It indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder positive tenderness to palpation of the posterior and lateral aspects of the shoulder. Muscle strength was 4+/5 to 5/5. Pain was with full range of motion. There were positive Hawkin's test, mildly positive Speed's and O'Brien's tests, and Yergason test was positive. No recent diagnostic studies were available for review. Previous treatment included shoulder arthroscopy, medications, and conservative treatment. A request had been made for injection of the left hand, Terocin patches, left shoulder injection under ultrasound, and a cervical pillow and was not certified in the pre-authorization process on 5/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

F/U WITH ██████████ FOR POSSIBLE INJECTION, LEFT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand. (Acute and Chronic) Steroid Injection, Updated 8/8/2014.

Decision rationale: ODG guidelines recommend trigger finger as well as the remaining tenosynovitis injections for certain indications. After review of the medical records provided, there was no physical exam associated with the left hand/wrist. Therefore, this request is deemed not medically necessary.

MEDS X 1, TEROGIN PATCH 1/10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112.

Decision rationale: Terocin is a topical analgesic containing lidocaine and menthol. MTUS guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for menthol. MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class,) that is not recommended, is not recommended". As such, this request is considered not medically necessary.

LEFT SHOULDER INJECTION UNDER ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Steroid Injections: (updated 7/29/14).

Decision rationale: MTUS/ACOEM fails to address cortisone injections of the shoulder. ODG guidelines support steroid injections for specific diagnoses: Adhesive capsulitis, impingement syndrome and rotator cuff problems except for posttraumatic impingement of the shoulder. One injection is supported for failure of 3 months of conservative treatment, pain interference with functional activities, and is intended for short-term control of symptoms to resume conservative medical management. Review, of the available medical records, does have an equivocal exam associated with impingement syndrome. There is not significant documentation warranting the need for ultrasound guided injections. There is not a cost to benefit ratio associated with the use of this diagnostic tool. As such, the request for injection under ultrasound is not considered medically necessary.

CERVICAL PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK CHAPTER, PILLOW.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back. (Acute and Chronic) Pillow. Updated 8/4/2014.

Decision rationale: ODG guidelines recommend the use of a neck support pillow while sleeping, in conjunction with daily exercise. This randomized control trial (RCT) concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep. Either strategy alone did not give the desired clinical benefit. After review of the documentation provided, there is insufficient objective clinical findings to warrant the use of a cervical pillow. Therefore, this request is deemed not medically necessary.