

Case Number:	CM14-0074107		
Date Assigned:	07/16/2014	Date of Injury:	04/13/2013
Decision Date:	09/10/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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:

Injured worker is a female with date of injury 4/13/2013. Per primary treating physician's report dated 5/1/2014, the injured worker reports that her pain is somewhat improved with therapy. She continues with pain in her neck radiating into the arms with some numbness in the left hand. On examination there is slight trapezial paracervical and parascapular tenderness. The impingement sign is equivocal at the left shoulder. The Tinel's sign is positive at the left cubital tunnel. The elbow flexion tests are negative. The Tinel's sign and Phalen's test are positive at the left carpal tunnel and negative on the right. Grip strength is slightly diminished on the left. Diagnoses include 1) left shoulder impingement with partial thickness rotator cuff tear 2) left cubital tunnel syndrome with secondary medial epicondylitis 3) left carpal tunnel syndrome 4) trapezial paracervical and parascapular strain 5) bilateral forearm tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The requesting physician explains 15 minutes were spent reviewing physical therapy notes and that the injured worker should continue physical therapy. There is no report provided which indicates the number of physical therapy sessions completed, the efficacy of physical therapy, or the status of a home exercise program. The request for Physical therapy 2 x 6 for the left shoulder is determined to not be medically necessary.

Menthoderm gel bid 120 grams: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

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

Decision rationale: Menthoderm gel is a topical analgesic containing menthol and methyl salicylate. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The request for Menthoderm gel bid 120 grams is determined to be medically necessary.