

Case Number:	CM14-0080059		
Date Assigned:	07/18/2014	Date of Injury:	07/14/1997
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

The injured worker is a 67-year-old female who reported an injury on 07/14/1997 due to a fall. The injured worker is diagnosed with reflex sympathetic dystrophy of the upper limb, unspecified hereditary and idiopathic peripheral neuropathy, pain in joint shoulder region, and myalgia and myositis. The injured worker received cognitive behavior sessions; nutrition classes; mirror therapy; home exercise programs, including stretching; and functional conditioning. In 1997 the injured worker underwent a left rotator cuff repair and a left shoulder dislocation repair. The injured worker visited her physician on 12/10/2013. The physician noted the injured worker was using a cane for balance and stabilization. She reported consistent shoulder pain and tingling, as well as pain in her left hand with shooting pain from hand to shoulder up the back of her head on the left side. The physician noted her left upper extremity range of motion was severely limited. There was also a significant decrease in muscle strength, to 2/5, with atrophy present. There was also limited range of motion in the cervical spine. The injured worker rated her pain 7/10 to 8/10 for greatest severity of pain. On 05/27/2014, the injured worker complained of pain to her left arm rated 7.5/10. She was able to accomplish portions of mirror therapy. The injured worker stated that she was happy with her progress in therapy. The injured worker's medications include Coreg, K-Chlor, Warfarin, Lantus, Zocor, Furosemide, Lisinopril, Vitamin A, Vitamin D, Oxycodone 5mg, and Oxycodone 10mg tablet extended release. The injured worker would continue with pain medications and therapy as part of her treatment plan. The physician will be requesting a TENS Unit and vitamin E lotion for the injured worker. The Request for Authorization form and rationale were not provided with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS with (Starburst Electrodes Rectangle 2x4 3 pkg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The request for TENS with starburst electrodes rectangle 2 x 4 three packages is not medically necessary. The California MTUS do not recommend use of a TENS unit as a primary treatment modality but a 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The physician has not provided a rationale for the use of the TENS unit. Further, the physician has also not documented the use of a 1 month trial noting the efficacy of treatment. As such, the request is not medically necessary.

12 oz Vitamin E Lotion x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for 12 oz. vitamin E lotion times 1 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also specify that the use of topical agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The injured worker is diagnosed with reflex sympathetic dystrophy of the upper limb and is taking multiple medications. The documentation submitted for review failed to include a rationale for the requested vitamin E lotion with documentation indicating how it will be useful for the specific therapeutic goals. Additionally, instruction for use and frequency were not included with the request. As such, the request is not medically necessary.