

Case Number:	CM14-0096234		
Date Assigned:	09/15/2014	Date of Injury:	11/29/2012
Decision Date:	11/20/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of November 29, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 28, 2014, the claims administrator denied a request for acupuncture, an interferential unit, a general orthopedic referral, and topical Methoderm. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 7, 2014, the applicant reported multifocal 2-4/10 elbow and shoulder pain. The applicant was asked to pursue eight sessions of physical therapy, eight sessions of acupuncture, and remain off of work, on total temporary disability. A general orthopedic referral was endorsed. The bulk of the documentation on file comprised of preprinted checkboxes, with little or no narrative commentary. The applicant was also given prescriptions for topical Methoderm, naproxen, Norco, Prilosec, and Tramadol. A prime interferential stimulator was sought via request for authorization form dated May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does seemingly represent a renewal request for acupuncture. As noted in MTUS Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on numerous medications, including Menthoderm, naproxen, Norco, Tramadol, etc., despite completion of earlier acupuncture in unspecified amounts over the life of the claim. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite prior acupuncture treatment. Therefore, the request for additional acupuncture treatment is not medically necessary.

Interferential current stimulation (IF) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Interferential Current Stimulation and on the Non-MTUS Current US treatment coverage recommendations: California Technology Assessment Forum, 2005

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of an interferential stimulator in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or history of substance abuse which would prevent provision of analgesic medications, in this case, however, none of the aforementioned criteria is seemingly applicable here. The attending provider has not explicitly discussed the reasons or rationale for the interferential unit device, which was endorsed via preprinted checkboxes, with little or no narrative commentary. The applicant's ongoing usage of numerous medications, including Menthoderm, naproxen, Norco, Tramadol, etc., effectively obviates the need for the interferential current stimulator device. Finally, the attending provider seemingly sought authorization to purchase the device without evidence of a previous successful one-month trial of the same. Therefore, the request is not medically necessary.

Referral to General Orthopedist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Evaluation & Management (E&M)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has ongoing complaints of shoulder and elbow pain. The applicant has failed to respond favorably to conservative treatment in the form of time, medications, acupuncture, physical therapy, etc. Obtaining the added expertise of a physician in another specialty, such as orthopedics, is therefore indicated. Accordingly, the request is medically necessary.

Menthoderm (Methyl Salicylate 15%, Menthol 10%) gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Mentoderm are "recommended" in the chronic pain context seemingly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider's handwritten progress notes contained no explicit discussion of medication efficacy. The fact that the applicant remained off of work, on total temporary disability coupled with the fact that the applicant continued to use opioid agents such as Norco and Tramadol following introduction of Mentoderm, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.