MAXIMUS Federal Services

Case Number:	CM15-0004244		
Date Assigned:	01/15/2015	Date of Injury:	11/13/1992
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who suffered a work related injury on 11/13/92. Per the physician notes from 07/21/14, which are the only physician notes available for review in the submitted record, he complains of chronic intra-articular pain in the knee and ankle and a limp. The treatment plan consisted of application of a Una boot, and ace wrap, and a nerve block with lidocaine to decrease pain. On 12/23/14, the Claims Administrator non-certified H wave treatment and Terocin lotion, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for H-wave in office for 15 minutes (DOS: 06/04/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

Decision rationale: This patient presents with inta-articular pain in the knee/ankle. The treater has asked for RETROSPECTIVE REQUEST FOR H-WAVE IN OFFICE FOR 15 MINUTES DOS 6/4/13 but the requesting progress report is not included in the provided documentation. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. MTUS states "Trial periods of more than one month should be justified by documentation submitted for review." It further requires that there is significant pain reduction along with functional improvement. In this case, the patient has a chronic pain condition. A review of the records do not show a prior failed trial of a TENS unit. The reports do not provide documentation as to how often the unit was used, as well as outcomes in terms of pain relief and function. There is no specific documentation regarding activities of daily living, and functional improvement in relation to use of H-wave. No reduction of medication use has been documented. The request IS NOT medically necessary.

Retrospective request for Terocin lotion (DOS: 06/04/13): 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; Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with inta-articular pain in the knee/ankle. The treater has asked for RETROSPECTIVE REQUEST FOR TEROCIN LOTION DOS 6/4/13 but the requesting progress report is not included in the provided documentation. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states that only the dermal patch form of lidocaine is indicated. In this case, the patient has a chronic pain condition and the request is for a topical lidocaine lotion. However, the requested lotion form of lidocaine is not indicated per MTUS guidelines. The request IS NOT medically necessary.