

Case Number:	CM15-0109355		
Date Assigned:	07/21/2015	Date of Injury:	11/17/1995
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/06/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 83 year old female, who sustained an industrial injury on 11/17/1995. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include chronic pain, left shoulder pain, and chronic ankle pain. Currently, she complained of ongoing pain in the left ankle and shoulder. Pain was rated 6/10 VAS. On 2/18/14, the physical examination documented left ankle swelling and left shoulder restricted range of motion. The plan of care included Tylenol #3, one tablet up to three times per day. The appeal request is for authorization of twenty (20) office visits between 7/21/14 and 8/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Twenty (20) office visits (DOS: 7/21/2014 and 8/20/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

Decision rationale: The ACOEM provides guidelines for the use of consultation and follow up visits. The documentation submitted for review fails to provide any rationale or details to support the requested visits. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Retrospective: Two (2) H-wave stimulation: 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 TENS, H-wave Therapy.

Decision rationale: According to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. In addition, H-wave therapy is not recommended as a first line therapy. According to the documents available for review, injured worker has none of the MTUS/ recommended indications for the use of a TENS unit or H-wave therapy. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.

Retrospective: One (1) nerve block injection (DOS: 7/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

Decision rationale: The ACOEM provides guidelines for injections of various joints and body parts. The current request fails to identify a specific body part or specific injection to be performed. Without these important details, the request cannot be approved. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

Retrospective: Terocin patch, unknown quantity (DOS: 7/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 28, 105, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams or patches. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.