

Case Number:	CM15-0011898		
Date Assigned:	02/10/2015	Date of Injury:	01/28/2012
Decision Date:	04/07/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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, Arizona
 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 48-year-old male who reported an injury on 01/28/2012. His mechanism of injury was not included. His diagnoses included right knee pain and dysfunction, right knee mechanical symptoms, right knee chondral defect medial femoral condyle, rule out meniscal pathology, bilateral shoulder pain and dysfunction, bilateral shoulder impingement, and bilateral shoulder rotator cuff tendinosis. His medications included Norco 10/325 mg, ibuprofen 800 mg, naproxen 550 mg, Prilosec 20 mg, and Menthoderm topical. The progress report dated 11/13/2014 documented the injured worker had complaints of left wrist pain rated at a 7/10 to 8/10 with numbness, tingling, and weakness. He complained of right wrist pain rated at a 7/10 to 8/10 with tingling and weakness radiating to the fingers. Physical examination included bilateral shoulder flexion was measured at 170 degrees, external rotation 80 degrees, and internal rotation 75 degrees, positive Speed's test and impingement test. His surgical history was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 1 1/2 cc and Kenalog 20mg injection, right shoulder, provided on date of service: 12/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure, Criteria for steroid injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, Steroid injections.

Decision rationale: The request for Lidocaine 1 1/2 cc and Kenalog 20mg injection, right shoulder is not medically necessary. The Official Disability Guidelines state criteria for Steroid injections include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; pain interferes with functional activities (eg, pain with elevation is significantly limiting work); intended for short-term control of symptoms to resume conservative medical management; generally performed without fluoroscopic or ultrasound guidance; only one injection should be scheduled to start, rather than a series of three; a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; the number of injections should be limited to three. There was a lack of documentation regarding the previous injection into the shoulder and any objective functional improvement received with that. There was also a lack of documentation regarding shoulder pain or documentation regarding adhesive capsulitis, impingement syndrome, or rotator cuff problems. Therefore, the request for lidocaine 1 and 1/2 cc and Kenalog injection, right shoulder, is not medically necessary.

Menthoderm ointment, provided on date of service: 12/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Salicylate topicals.

Decision rationale: The request for Menthoderm ointment is not medically necessary. The Official Disability Guidelines state topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. Recommended as an option. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. There was a lack of documentation of objective relief of pain with use of Menthoderm. The request does not include placement instructions nor does it include timing or dose instructions. The request for Menthoderm ointment is not medically necessary.

