

Case Number:	CM15-0186474		
Date Assigned:	09/28/2015	Date of Injury:	07/29/2009
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 6-29-2009. The injured worker was being treated for left carpal boss with fourth dorsal compartment extensor tenosynovitis, trapezial and paracervical strain, rule out left rotator cuff tear, bilateral hand flexor tenosynovitis, status post C5-C7 (cervical 5-cervical 7) discectomy and fusion, status post right cubital tunnel release, status post revision of right carpal tunnel release with hypothenar flap, and status post 2 left carpal tunnel releases. On 8-6-2015, the injured worker reported increasing pain and swelling of the dorsal aspect of the left wrist and pain radiating up to the left shoulder and neck. The treating physician noted the injured worker has been working her regular duties. The physical exam (8-6-2015) revealed a positive left shoulder impingement sign and slight left trapezial and paracervical tenderness. There was mild swelling and slight tenderness over the left fourth dorsal compartment and carpal boss. The Jamar grip strength on the right was 16, 12, and 10 and on the left was 6, 2, and 0. There were no diagnostic studies of the left shoulder included in the provided medical records. Treatment has included corticosteroid injections, left thumb spica splinting for activities, therapy, and medications including oral pain (Tramadol), topical pain (Menthoderm Gel since at least 4-2015), proton pump inhibitor (Prilosec), and non-steroidal anti-inflammatory (Voltaren). Per the treating physician (8-6-2015 report), the injured worker's work restrictions included no heavy, repetitive, or forceful use of the hands. The requested treatments included an MRI of the left shoulder and Menthoderm Gel 120grams. On 8-27-2015, the original utilization review non-certified requests for an MRI of the left shoulder and Menthoderm Gel 120grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder - Imaging.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The injured worker sustained a work related injury on 6-29-2009. The medical records provided indicate the diagnosis of left carpal boss with fourth dorsal compartment extensor tenosynovitis, trapezial and paracervical strain, rule out left rotator cuff tear, bilateral hand flexor tenosynovitis, status post C5-C7 (cervical 5-cervical 7) discectomy and fusion, status post right cubital tunnel release, status post revision of right carpal tunnel release with hypothenar flap, and status post 2 left carpal tunnel releases. Treatments have included corticosteroid injections, left thumb spica splinting for activities, therapy, and medications including oral pain (Tramadol), topical pain (Menthoderm Gel since at least 4-2015), proton pump inhibitor (Prilosec), and non-steroidal anti-inflammatory (Voltaren)The medical records provided for review do not indicate a medical necessity for MRI of the left shoulder Qty 1. The MTUS states that cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Therefore, considering the duration of injury, and the clinical findings of impingement syndrome, but no evidence of acute injury or trauma, MRI of the shoulder is not medically necessary.

Menthoderm Gel 120grams (dispensed 08/06/2015) Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 6-29-2009. The medical records provided indicate the diagnosis of left carpal boss with fourth dorsal compartment extensor tenosynovitis, trapezial and paracervical strain, rule out left rotator cuff tear, bilateral hand flexor tenosynovitis, status post C5-C7 (cervical 5-cervical 7) discectomy and fusion, status post right cubital tunnel release, status post revision of right carpal tunnel release with hypothenar flap, and status post 2 left carpal tunnel releases. Treatments have included corticosteroid injections, left thumb spica splinting for activities, therapy, and medications including oral pain (Tramadol), topical pain (Menthoderm Gel since at least 4-2015), proton pump inhibitor (Prilosec), and non-steroidal anti-inflammatory (Voltaren)The medical records provided for review do not indicate a medical necessity for Menthoderm Gel

120grams (dispensed 08/06/2015) Qty 1. Methoderm is a topical analgesic containing methyl salicylate and menthol. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary since menthol is not a recommended agent.