

Case Number:	CM15-0045945		
Date Assigned:	03/18/2015	Date of Injury:	02/21/2014
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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 58-year-old male who sustained a work related injury on February 21, 2014, while caring for a child. The injured worker sustained a traction injury to the right upper extremity. She complained of pain and a cast was applied on the arm up to the elbow for six weeks. She underwent arthroscopic surgery on the right wrist. Treatments included physical therapy anti-inflammatory drugs, Transcutaneous Electrical Nerve Stimulation (TENS) unit and pain medications. She was diagnosed with a wrist sprain, strain, and depression. Currently, the injured worker complained of weakness and sharp wrist pain radiating up into the shoulder. She also complained of sadness, a tendency to cry and depression. The treatment plan that was requested for authorization included Paraffin baths, depression screening and a prescription for Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parrafin baths: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The ACOEM Chapter 10 on Elbow Disorders indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of paraffin baths. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established. Therefore, this is not medically necessary.

Depression screening: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: The ACOEM Chapter 15 on Stress and Related Conditions indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is rationale provided to support the referral to a psychologist for depression screening. Therefore, at this time, the requirements for treatment have been met, and medical necessity has been established. Therefore, this request is medically necessary.

LidoPro cream 121 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. 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. Therefore, this request is not medically necessary.