

Case Number:	CM14-0117002		
Date Assigned:	09/16/2014	Date of Injury:	10/12/2012
Decision Date:	10/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, knee, wrist, and neck pain reportedly associated with an industrial injury of October 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, injection therapy, extracorporeal shockwave therapy over the course of the claim; and extensive periods of time off of work. In a medical-legal evaluation of June 11, 2014, it was acknowledged that the applicant was off of work, on total temporary disability. In a handwritten note dated July 1, 2014, the applicant apparently received acupuncture for various body parts, including neck, lower extremities, low back, and bilateral upper extremities. The applicant was not working, it was acknowledged. The note was handwritten, difficult to follow, and employed preprinted checkboxes, with little to no narrative commentary. It appears that additional acupuncture treatment, infrared therapy, and hot pack applications were sought. In a handwritten medical progress note of July 23, 2014, difficult to follow, not entirely legible, the applicant reported constant multifocal 7/10 low back, neck, bilateral knee, bilateral wrist, bilateral ankle, and low back pain. The note was very difficult to follow. MRI imaging of the cervical spine and electrodiagnostic testing of the bilateral upper extremities was sought. MRI imaging of the left knee was also endorsed. An orthopedic consultation, functional capacity testing, and extracorporeal shockwave therapy were endorsed while the applicant was placed off of work, on total temporary disability. In a Utilization Review Report dated July 17, 2014, the claims administrator denied request for orthopedic consultations, approved various requests for acupuncture, denied a request for electrodiagnostic testing, denied a request for extracorporeal shockwave therapy for multiple body parts, and denied a request for application of infrared therapy and topical capsaicin patches. The claims administrator seemingly suggested that the

applicant had had extensive physical therapy and extracorporeal shockwave therapy over the course of the claim, but had not had prior acupuncture in its Utilization Review Report. The claims administrator invoked the 2007 Acupuncture Medical Treatment Guidelines in its denial, mislabeling the same as originating from the 2013 California MTUS. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low level laser therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy Page(s): 57.

Decision rationale: Infrared therapy is a form of low-level laser therapy. However, as noted on page(s) 57 of the Chronic Pain Medical Treatment Guidelines, low-level laser therapy is "not recommended" in the chronic pain context present here. No rationale for selection of this particular modality in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Infrared Therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low level laser therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy, Physical Medicine Page(s): 57, 98.

Decision rationale: As noted on page(s) 57 of the Chronic Pain Medical Treatment Guidelines, low-level laser therapy, of which the infrared therapy at issue is a subset, is not recommended in the chronic pain context present here. It is further noted that page(s) 98 of the Chronic Pain Medical Treatment Guidelines stipulates that passive modalities such as the infrared therapy at issue should be used sparingly during the chronic pain phase of the claim. In this case, however, it appears that the attending provider is intent on employing a variety of passive modalities, including application of cold and hot packs, infrared therapy, application of capsaicin patches, etc., at this late date, several years removed from the date of injury. The request, thus, does not conform to MTUS parameters. Therefore, the request is not medically necessary.

Infrared Therapy for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low level laser therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy Physical Medicine Page(s): 57, 98.

Decision rationale: As noted on page(s) 57 of the Chronic Pain Medical Treatment Guidelines, low-level laser therapy, of which the infrared therapy modality at issue is a subset, is not recommended in the chronic pain context present here. Page(s) 98 of the Chronic Pain Medical Treatment Guidelines further notes that passive modalities such as infrared therapy should be employed sparingly during the chronic pain phase of a claim. In this case, however, it appears that the attending is intent on employing a variety of passive modalities at this late stage in the life of the claim, including the infrared therapy at issue, topical applications of capsaicin patches, and topical application of hot and cold packs. The request, thus, runs counter to MTUS parameters and principles. Therefore, the request is not medically necessary.

Infrared Therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low level laser therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy Page(s): 57.

Decision rationale: As noted on page(s) 57 of the Chronic Pain Medical Treatment Guidelines, low-level laser therapy, of which the infrared therapy at issue is a subset, is not recommended in the chronic pain context present here. No rationale for selection of this particular modality in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Capsaicin Patch for the right knee: 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 Capsaicin Page(s): 28.

Decision rationale: As noted on page(s) 28 of the Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the capsaicin patches at issue. Therefore, the request is not medically necessary.

Capsaicin Patch for the cervical spine: 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 Capsaicin Page(s): 28.

Decision rationale: As noted on page(s) 28 of the Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the capsaicin patches at issue. Therefore, the request is not medically necessary.

Capsaicin Patch for the bilateral wrists: 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 Capsaicin Page(s): 28.

Decision rationale: As noted on page(s) 28 of the Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the capsaicin patches at issue. Therefore, the request is not medically necessary.

Capsaicin Patch for the right shoulder: 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 Capsaicin Page(s): 28.

Decision rationale: As noted on page(s) 28 of the Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended as an option only in applicants who have not responded to or are intolerant of other treatments. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the capsaicin patches at issue. Therefore, the request is not medically necessary.