

Case Number:	CM14-0092360		
Date Assigned:	07/25/2014	Date of Injury:	04/05/2003
Decision Date:	10/14/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old male was reportedly injured on 4/5/2003. The mechanism of injury was noted as a fall on his hands and knees, while he was removing fence posts utilizing a special tool. The claimant underwent a right ulnar nerve transposition on 12/7/2006. The most recent progress note, dated 4/15/2014, was handwritten and difficult to read but indicated that there were ongoing complaints of right shoulder, elbow, and back pains. Physical examination revealed the patient had good heel-toe walk, tender right shoulder subacromial bursa, and right elbow catching, pain, popping and loose body sensation. MRI of the right elbow, dated 5/15/2014, demonstrated osteoarthritis of the elbow with narrowing of the medial compartment, small degenerative cystic changes of coronoid process and medial/lateral marginal spurs, and small joint fluid present consistent with bursitis. Diagnoses were osteoarthritis of the right elbow, bilateral cubital tunnel syndrome, right tennis elbow, bilateral sciatica, bilateral carpal tunnel syndrome, and right shoulder sprain with possible internal derangement. Previous treatment included right ulnar nerve transposition physical therapy, TENS unit and medications. A request had been made for lidocaine patch, physical therapy or chiropractic visits 3 x 6, which were not certified in the utilization review on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127..

Decision rationale: MTUS treatment guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review of the available medical records fails to document a trial and/or failure of a first-line medication. As such, this request is not medically necessary.

PT or DC visits 3X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127..

Decision rationale: MTUS treatment guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has multiple chronic complaints after a work-related injury in 2003. Review of the available medical records fails to document the previous physical therapy and any chiropractic treatment to include how many sessions of therapy were attended and if the claimant had functional improvement with treatment. Given this lack of clinical documentation, these requests are not considered medically necessary.