

Case Number:	CM14-0099422		
Date Assigned:	09/23/2014	Date of Injury:	11/27/2012
Decision Date:	10/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/27/2014

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 ABFP 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:

This 63-year-old male claimant sustained a work injury on November 27, 2012 involving the shoulder. He was diagnosed with a right shoulder contusion, right shoulder impingement syndrome, a tear of the rotator cuff and fraying of the labrum. He underwent arthroscopy of the right shoulder in April 2013. A progress note on March 19th 2014 indicated the claimant had pain in the right shoulder. Exam findings were notable for crepitus with range of motion and tenderness at the rotator cuff region. Sensation was intact but motor strength was reduced to 4/5 on the right side. A request was made for an EMG/NCV of the right upper extremity. A progress note on the following month noted 9/10 right shoulder pain. Examination findings were similar. A request for orthopedic surgery follow-up was requested. The claimant had also been given topical Terocin patches for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patches contain .025% Capsaicin, 25% Methyl Salicylate, 4% Menthol and 4% Lidocaine. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug that is not recommended is not recommended, and therefore Terocin patches are not medically necessary.

Electromyogram (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended as part of a shoulder evaluation. In this case, the exam findings are consistent with the shoulder injury and surgery. In addition, the exam findings noted right-sided findings, not bilateral. The request for an EMG for bilateral upper extremities is not medically necessary.

Nerve Conductive Velocity (NVC) Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, an NCV is not recommended as part of a shoulder evaluation. In this case, the exam findings are consistent with the shoulder injury and surgery. NCV tests are rarely necessary for cases of severe weakness when there are already signs of prior rotator cuff injury. In addition, the exam findings noted right-sided findings, not bilateral. The request for an NCV for bilateral upper extremities is not medically necessary.

Orthopedic Surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) specialist referral, pg 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, when the case is extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant's findings and diagnoses are consistent with the injury and surgical intervention. There is no further need for surgical intervention at this point and a follow up with the orthopedic surgeon would not be medically necessary.