

<b>Case Number:</b>	CM14-0217562		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 is a 67 year old male with a work related injury dated 10/23/2012 after slipping and falling off of a scaffold causing injury to his right shoulder, upper back, bilateral shoulders, neck, upper left chest, and left clavicle area. According to a primary physician's progress report dated 10/08/2014, the injured worker presented with complaints of right shoulder stiffness and slight discomfort, along with bilateral wrist pain and parasthesias. Diagnoses included right shoulder pain and dysfunction, right shoulder impingement, right shoulder AC joint arthrosis, right shoulder recurrent rotator cuff tear with slight retraction, and status post postoperative right shoulder arthroscopic subacromial decompression, debridement, distal clavicle resection, rotator cuff repair on 02/27/2014, and bilateral carpal tunnel syndrome. Treatments have consisted of surgeries, medications, right shoulder injection, physical therapy, and right wrist brace. Diagnostic testing included right shoulder MRI which showed status post distal clavicle resection and subacromial decompression, along with a small full thickness recurrent tear of the rotator cuff with slight retraction. Work status is noted as total temporary disability. The patient is noted to have undergone right shoulder surgery on 1/8/15 and 2/27/14. Documentation from 9/22/14 notes a recommendation to continue Menthoderm(salicylate topical with menthol) cream. On 11/20/2014, Utilization Review non-certified the request for topical creams, hand surgical consult only for bilateral carpal tunnel syndrome, and follow up with orthopedic consultant citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. The Utilization Review physician stated there is no documentation on what topical creams are being requested. Regarding the hand surgical consult,

there is no documentation provided as to why the injured worker would need to see a hand specialist because bilateral carpal tunnel syndrome can be treated by general orthopedist and does not require the expertise of a hand surgeon. In regards to the follow up with the orthopedic consultant, the injured worker has already been seen by an orthopedic consultant and has surgery scheduled. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hand surgical consult only for bilateral carpal tunnel syndrome:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The patient is a 67 year old male with evidence of bilateral carpal tunnel syndrome who is being followed by Orthopedic surgery for right shoulder treatment. Based on the documentation provided, this Orthopedic surgeon appears to be treating the patient for his carpal tunnel syndrome, as he had evaluated the condition and recommended bracing. There is no documentation to suggest that the Orthopedic surgeon was not comfortable with the carpal tunnel syndrome that would necessitate a separate hand surgeon evaluation. This could be re-evaluated if additional information was provided. From ACOEM, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The patient appears to have bilateral carpal tunnel syndrome supported by electrodiagnostic studies and may require surgery. The patient is currently being followed by Orthopedic surgery and is treating the patient's condition of bilateral carpal tunnel syndrome. Thus, without further documentation that this Orthopedic surgeon is not capable or willing to provide care for the carpal tunnel syndrome, a formal hand surgery consult should not be considered medically necessary.

**Follow up with orthopedic consultant:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**Decision rationale:** As stated above, the patient is already being followed by Orthopedic surgery and had undergone a recent surgery. Thus, follow-up with Orthopedic surgery is already being done and thus, further follow-up would be considered redundant and should not be considered.

medically necessary. From ACOEM page 80, 'The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations.'

**Topical Creams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** The patient is a 67 year old male with right shoulder complaints and bilateral carpal tunnel syndrome. As stated by the UR, it is unclear what the specific topical creams are requested and the reason for their use. Thus, this should not be considered medically necessary without further clarification. Documentation from 9/22/14 notes a recommendation to continue Methoderm(salicylate topical with menthol) cream. However, it is not clear if this is the requested 'topical creams' or if the purpose is for chronic pain. In addition, it is unclear what the exact anatomic location is for the creams. Salicylate topicals Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded.