

Case Number:	CM15-0000482		
Date Assigned:	01/12/2015	Date of Injury:	03/31/1995
Decision Date:	03/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 03/31/1995. She has reported ongoing neck and back pain, persistent headaches, decreased cramping in both calves, and cramping in the right hand. The diagnoses have included degenerative disc disease of the cervical spine, cervical radiculopathy, and bilateral wrist arthralgia. Treatment to date has included a right carpal tunnel release, acupuncture, medications, use of a TENS unit, and a home exercise program. Currently, the IW complains of ongoing neck and back pain, cramping in the right calf, cramping of the right hand, and ongoing headaches. There was no recent diagnostic testing provided for the approved body parts. On 12/02/2014, Utilization Review modified a request for 12 session for occupations therapy to approval for 6 sessions of occupational therapy, noting the number of requested session exceeding the recommended guidelines. The MTUS, ACOEM Guidelines were cited. On 12/02/2014, Utilization Review modified a request for Methoderm gel 240 grams to approval for over the counter salicylate preparation, noting the medication having the same formulation as over the counter medications. The MTUS Chronic Pain was cited. On 01/02/2015, the injured worker submitted an application for IMR for review of occupational therapy 6 visits, and over the counter topical salicylate preparation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy times 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

Decision rationale: Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury of 1995. Submitted reports have not adequately demonstrated the indication to support further therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational Therapy times 12 visits is not medically necessary and appropriate.

Menthoderm Gel 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1995 without documented functional improvement from treatment already rendered. The Menthoderm Gel 240g is not medically necessary and appropriate.