

Case Number:	CM15-0122592		
Date Assigned:	07/08/2015	Date of Injury:	12/27/2013
Decision Date:	08/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 43 year old female who sustained an industrial injury on 12/27/2013 resulting in injury to the neck and left upper extremity. Treatment provided to date has included: 8 sessions of physical therapy for the left upper extremity and cervical spine resulting decreased pain and tenderness; 6 session of physical therapy for the left hand and wrist; acupuncture (16); cortisone injection to the left wrist; medications; and conservative therapies/care. Diagnostic tests performed include: MR arthrogram of the left wrist (2014) showing a very small full thickness separation in the TFCC (Triangular Fibrocartilage Complex); electrodiagnostic and nerve conduction testing (2015) showing findings consistent with right moderate carpal tunnel syndrome, and mild left carpal tunnel syndrome. There were no noted comorbidities or other dates of injury noted. On 06/08/2015, physician progress report was hand written and difficult to decipher; however, it noted no numbness in the right hand, some positive tingling in the left hand, and some left mid-forearm and wrist pain. The pain was not rated or described. Current medications include Relafen, tramadol. A urine toxicology screening, dated 05/11/2015, was inconsistent with the injured worker's current medication regimen showing positive findings for barbiturates and benzodiazepines, and negative for tramadol (prescribed medication). The physical exam revealed "no changes". The provider noted diagnoses of strain/sprain of the wrist. Plan of care includes steroid injection to the left wrist, physical therapy for the left wrist, home exercise program, Terocin patches, and follow-up. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: 8 sessions of physical therapy for the left hand and wrist, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the left hand/wrist 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per the ACOEM, physical therapy recommendations apply to acute and sub-acute conditions until pain transitions to "chronic" according to the MTUS definition, and if the chapter specific treatment algorithms have been completed. However, if recovery has not taken place with the respect to pain by the end of the treatment algorithms, then the chronic pain medical treatment guidelines will apply. The ACOEM-Forearm, Wrist and Hand chapter recommends that patients should be advised to do early range-of-motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program. Per the MTUS guidelines, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Active physical therapy is recommended for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active physical therapy may require supervision from a therapist or medical provider such as verbal, visual or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement. Physical therapy guidelines allow for fading of treatment frequency from 3 visits per week to 1 visit per week, with a maximum number of allowed visits of 8/10 visits over 4 weeks. The injured worker has previously received 14 sessions of physical therapy for the left upper extremity and cervical spine. This is in excess of the guideline's recommendations. The only therapy notes provided were for the shoulder and cervical spine which showed no significant gains. However, the therapy notes from the 6 sessions of physical therapy for the left hand and wrist were not submitted for review. Considering that the injured worker had previously received 14 session of physical therapy, for which 6 sessions were aimed at treating the left hand and wrist, and the lack of documented acute flare-up or new injury, it is determined that 8 additional sessions of physical therapy are not medically necessary.

Terocin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Patches consist of Lidocaine, capsaicin, methyl salicylate and menthol. Since the MTUS is silent in regards to Terocin, the individual components of Terocin were analyzed. According to the MTUS guidelines: Topical Analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, there is no documented evidence of failed trials of antidepressants and anticonvulsants. Additionally, the injured worker's diagnoses do not reflect neuropathic pain, or that neuropathic problems are the primary cause of the injured worker's pain. Furthermore, the request for Terocin patches did not indicate a quantity or the directions for use. As such, the request for Terocin patches is not a valid request and are not medically necessary.