

Case Number:	CM15-0077491		
Date Assigned:	04/29/2015	Date of Injury:	10/02/2008
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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: Emergency 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 54 year old female, who sustained an industrial injury on 10/2/2008. She reported injury from a slip and fall. The injured worker was diagnosed as having low back pain, chronic pain syndrome, right rotator cuff syndrome-status post arthroscopy x 2 and myofascial pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation) and medication management. In progress notes dated 12/18/2014, 4/2/2015 and 4/6/2015, the injured worker complains of continued right sided low back pain and right shoulder pain. The treating physician is requesting Theracare patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TheraCare patches x 1 pack: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The requested TheraCare patches x 1 pack, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Initial Care, Physical Modalities, Page 174, recommend hot and cold packs only for the first few days of initial complaints. The injured worker has right sided low back pain and right shoulder pain. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met, TheraCare patches x 1 pack is not medically necessary.