

Case Number:	CM15-0077777		
Date Assigned:	06/04/2015	Date of Injury:	02/11/2014
Decision Date:	07/02/2015	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, Indiana, Oregon

Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 2/11/2014. He reported injuries to his left shoulder, left upper arm, left hand and left ring finger. Diagnoses have included right shoulder pain and dysfunction, right shoulder adhesive capsulitis, right shoulder impingement, right shoulder acromioclavicular joint arthrosis, right shoulder partial thickness rotator cuff tear, left hand laceration and left hand severe residuals with stiffness. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, home exercise program and medication. According to the progress report dated 3/25/2015, the injured worker complained of intermittent, achy, sharp, stabbing, throbbing right shoulder pain. He rated his pain as 6/10. He also complained of intermittent, moderate, achy, sharp, throbbing left hand pain. Objective findings revealed severely limited range of motion of the right shoulder. There was positive Speed's and positive impingement. Right wrist range of motion was decreased. There was a healed laceration across the dorsum of the left hand. The injured worker had paresthesias and diminished sensation on the dorsum of the hand. He had severe stiffness in all of the digits of the left hand. The left wrist ranges of motion were decreased. Authorization was requested for Mentherm ointment and a hand surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hand Surgeon Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 270.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the worker saw a hand surgeon 3/2/15 and was not recommended for surgery. There is no documentation of interval development of additional symptoms or findings warranting additional consultation. The request is not medically necessary.

Retrospective (DOS: 3/25/2015) Mentherm ointment 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals, Non-steroidal anti-inflammatory agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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." Menthol in mentherm is a local anesthetic. Per guidelines, anesthetics used topically are reserved for neuropathic pain. There is no documentation that the pain in question is neuropathic from the exam note 3/25/15. The request is therefore not medically necessary.