

Case Number:	CM13-0001230		
Date Assigned:	09/08/2014	Date of Injury:	02/01/2006
Decision Date:	10/09/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/11/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported an injury on 02/01/2006. The injured worker reported that she was using the computer and keyboard at work for 13 years. The pain occurred gradually. She noticed pain in the right forearm and shoulder. The injured worker's prior treatment history included physical therapy, medication, and injections. The injured worker was evaluated on 07/11/2013 and it was documented the injured worker complained of left shoulder pain and left elbow pain. The findings revealed tenderness at lateral epicondyle. Medication included Cymbalta, Losartan, Ambien, Aleve, and Tylenol. Diagnoses included chronic lateral epicondylitis left elbow, mild carpal tunnel syndrome, and cervical sprain. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of medrol dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Forearm, Wrist and Hand Complaints, 264

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Medrol Dose Pak

Decision rationale: The request for Medrol dose pack is not medically necessary. The Official Disability Guidelines indicate that oral corticosteroids are not recommended for chronic pain, but may be recommended for injured workers with acute radicular pain with clear/cut signs and symptoms of radiculopathy, documentation showing a discussion with the injured worker regarding the risk of steroid use, the injured worker is aware of the evidence that research provides little evidence of benefit with this medication, and only after a symptom free period with subsequent exacerbation or when there is evidence of a new injury. The clinical information submitted for review failed to indicate whether the injured worker had a previous symptom and benefit of corticosteroid use. In absence of this documentation, the request for Medrol dose pack is not medically necessary.

8 physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Forearm, Wrist and Hand Complaints, 271

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted failed to provide outcome measurements of prior conservative care to include physical therapy. The provider failed to indicate long-term functional goals. The request lacked the location where physical therapy is required. Given the above, the request for 8 physical therapy sessions is not medically necessary.