

Case Number:	CM13-0010488		
Date Assigned:	09/24/2013	Date of Injury:	08/25/2003
Decision Date:	02/04/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 claimant is a 40-year-old female injured in an accident 08/25/03. The most recent clinical records for review is a 06/29/13 assessment with [REDACTED] a hand and upper extremity orthopedic surgeon indicating current complaints of left wrist pain as well as thoracic outlet syndrome, headaches and migraines. It states recent treatment has included prior Botox injections as well as radiofrequency ablation procedure to her sacral nerves for low back complaints. At present, objectively she is noted to be with restricted range of motion of the shoulder with a positive Halstead maneuver bilaterally and negative Spurling's testing. There was described bilateral intrinsic weakness and atrophy. Given continued complaints, recommendations were for continuation of medications in the form of Lidoderm, Flexor patches and Alprazolam as well as 16 sessions of occupational therapy for the left wrist, 16 additional sessions of acupuncture and 16 physical therapy sessions for a diagnosis of bilateral thoracic outlet syndrome. Records indicate a significant course of physical therapy and acupuncture and have recently occurred.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy times 16 for bilateral thoracic outlet syndrome (TOS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on MTUS Guidelines, continued physical therapy would not be indicated. While the claimant is with diagnosis of thoracic outlet syndrome, the continued role of physical therapy for 16 additional sessions in a chronic setting would appear to not be indicated. It would be unclear at present as to why transition to a home exercise program would not be able to occur given the claimant's current function on examination. While guidelines recommend therapy in the chronic setting to 16 sessions requested would exceed criteria in this case.

acupuncture times 16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Guidelines, the continued role of acupuncture in this case would not be indicated. The role of acupuncture can be utilized for an optimal duration period of one to two months with timeframes to produce functional improvement of three to six treatments. Records in this case do not indicate significant improvement with prior acupuncture therapy. Guideline criteria would not support the role of 16 sessions based on acupuncture already performed in the timeframe from injury. .

occupational therapy times 16 for tendinitis of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on MTUS Guidelines, continued occupational therapy for the left wrist would not be indicated. As stated above, therapy in the chronic setting can be used sparingly to help control swelling, pain and inflammation during the rehabilitative process. For a diagnosis of myositis or myalgias, nine to ten visits over an eight week period of time would be reasonable. Clinical guidelines would not recommend the role of 16 sessions of therapy. Given the documentation of prior therapy already utilized, the specific request in this case is not supported.

Alprazolam: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California MTUS Guidelines, the chronic use of benzodiazepines are not indicated. Guideline recommendations do not recommend their role for long term use with most guidelines limiting the role to four weeks. Records in this case indicate the claimant has been utilizing this agent for quite some time. Given her current diagnosis of chronic pain, the continued role of this agent is not supported by clinical guideline criteria.

Flector patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of this topical patch would not be indicated. Flector patches are a topical form of Diclofenac. While Diclofenac is indicated for osteoarthritic pain in joints and lends itself to topical treatment, it is not supported for any other current diagnosis. The claimant's current diagnosis of wrist tendinosis and thoracic outlet syndrome would not indicate the role of topical use of Diclofenac. Guideline criteria indicates that the role of topical agents are largely experimental with very few randomized control trials demonstrating efficacy or safety. The continued use of this agent would not be indicated.

Lidoderm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the topical role of Lidocaine would not be indicated. California MTUS Guidelines indicate that the role of lidocaine in the topical setting is recommended for neuropathic pain localized as peripheral pain after evidence of first line therapies including Tricyclic antidepressants or neuropathic agents such as Gabapentin and Lyrica have failed. Records do not indicate first line usage of agents. The continued role of this secondary agent for neuropathic pain, which is not clearly diagnosed, could not be supported