

Case Number:	CM13-0020631		
Date Assigned:	10/11/2013	Date of Injury:	05/05/2011
Decision Date:	10/10/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/05/2013

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 Orthopedic Surgery 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 applicant has right wrist and hand pain. He was reportedly injured on 05/05/11. He tripped and fell while at work injuring his right wrist and was noted to have immediate right wrist, right shoulder, neck, right elbow, and right hip pain. The most recent clinical note dated 07/22/13 by states that the injured worker had a previous nerve conduction study and was diagnosed with carpal tunnel syndrome. He subsequently underwent a carpal tunnel release in November and reports decreased burning sensation since undergoing the surgery however he states that his hand numbness and burning sensation is now starting to return. The injured worker also reported that he had an updated nerve conduction study of his upper extremities performed that same day on 07/22/13 and reportedly has completed 8 visits of postoperative therapy after his carpal tunnel release, 5 visits of acupuncture without relief, and has a history of corticosteroid injections x 2 to the wrist which provided 3 months of relief. The injured worker denies surgery to the shoulder, neck, or elbow. Physical examination revealed tenderness to palpation to the cervical spine midline as well as right trapezius spasms noted. Range of motion of the cervical spine revealed flexion 40 degrees, extension 20 degrees, right and left lateral bend 25 degrees, right and left rotation 50 degrees. He had decreased sensation to the right C5, C6, and C7 dermatomes. Strength was 5-/5 for right deltoids and biceps, 4+/5 right internal rotators, 5-/5 right external rotators, 4+/5 right wrist extensors and flexors, and 5-/5 right triceps. There was a positive Hoffman's bilaterally, intermittently, 2 beats of clonus bilaterally. Range of motion of the right shoulder was 0 to 80 degrees forward flexion, 0 to 70 abduction, 0 to 70 degrees internal and external rotation, 0 to 40 degrees adduction and extension. There was tenderness to palpation in the AC joint with direct palpation and cross arm testing. Magnetic resonance image (MRI) of the right wrist dated 02/04/13 was reported to have revealed advanced ulnolunate abutment syndrome findings, post-surgical scarring from prior carpal tunnel release, no gross median

neuritis, lesser degenerative joint disease hamatotriquetral and triscaphe joints, and extensor carpi ulnaris tendinosis. MRI of the right elbow dated 04/15/13 reportedly revealed post-traumatic radiocapitellar osteoarthropathy, post-healing of radial head fracture, moderate intraarticular spur, and extensor mechanism enthesopathy, mild. MRI of the cervical spine dated 04/15/13 reportedly revealed straightening of the normal cervical lordosis with superimposed degenerative changes resulting in mild canal stenosis with no cord compression, moderate to severe left and moderate right sided foraminal stenosis at C5-6, mild canal stenosis with no cord compression, moderate to severe right, and moderate left sided foraminal stenosis at C6-7 and C3-4, and mild canal stenosis with no cord compression and mild to moderate bilateral foraminal stenosis at C2-3, C4-5, and to a lesser extent at C7 to T1. Assessment was status post right carpal tunnel release in November of 2011, carpal tunnel syndrome, advanced ulnolunate abutment syndrome findings, post-traumatic radiocapitellar osteoarthropathy, moderate intraarticular spur, right shoulder bursitis, and impingement, possible internal derangement, HNP of the cervical spine with stenosis cervical radiculopathy and myelopathy. There was recommended x-rays of the cervical spine, right shoulder, right elbow, and right wrist and spine surgery consultation for the cervical spine complaints and requested MRI of the right shoulder to further evaluate his complaints and rule out internal derangement. He requested chiropractic treatment two times a week for four weeks to the cervical spine, right shoulder, right elbow, right wrist, and hand including therapeutic exercises and modalities for strengthening and conditioning. He also prescribed a trial of Norco 5-325mg #45 and Terocin cream. He also ordered a med panel to evaluate his CBC, renal, and liver function while he was on oral medications. Finally he ordered a pain management consultation to take over the treatment of the applicant and to prescribe his pain medication and act as a secondary treating physician. There was a utilization review decision letter dated 09/03/13 which recommended non-certification of the Terocin pain relief lotion, partial certification of the hydrocodone, non-certification of the spine surgery consult, and non-certification of the pain management consult, and partial certification of the chiropractic treatment of cervical spine and right shoulder. There was also partial certification of a basic metabolic panel. It was noted in the letter that Terocin was non-certified because the guidelines noted there were limited studies on the efficacy of topical agents for chronic pain. It was not considered first line treatment. Spine surgery consultation was non-certified because while California Medical Treatment Utilization Schedule guidelines support specialist consultation in complex and refractory cases, there was no documentation of red flags, demonstration of surgical lesion, or failure of conservative treatment. It was further noted that the primary treating physician had not presented evidence of medical necessity for the spine surgical consultation for this applicant and therefore the request was recommended non-certified. Chiropractic treatment was partially certified because guidelines recommend a trial of chiropractic therapy for specifically identified musculoskeletal conditions. There was however no support for chiropractic treatment for the forearm, wrist, and hand. Therefore the request was modified. Objective evidence of improvement towards clear objectively measureable, functional treatment goals must be achieved/submitted before additional treatment could be considered appropriate for the applicant. As for the basic metabolic panel the request was partially certified because it was noted by the treating physician that the tests were medically necessary for monitoring renal and liver function because he was taking oral medications. Complete blood count request was certified and the metabolic panel was partially certified to a basic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR CERVICAL, RIGHT SHOULDER, RIGHT ELBOW, WRIST, AND HAND QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment, Page(s): 58.

Decision rationale: Chiropractic treatment for cervical, right shoulder, right elbow, wrist and hand #8 visits is not recommended as medically necessary. California Medical Treatment Utilization Schedule Chronic pain Treatment Guidelines note that a trial of chiropractic treatment is recommended for specific musculo-skeletal conditions. However they are not supported for treatment of the forearm, wrist, or hand. The number of sessions would not be indicated given the guideline recommendations that allow for an initial period of 6 to determine response to treatment. As such, this reviewer would not recommend the request as submitted as medically necessary.

TEROCIN PAIN RELIEF LOTION 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound medications, Page(s): 112.

Decision rationale: The Terocin lotion is not recommended as medically necessary. The lotion contains methyl salicylate 25 %, capsaicin 0.025%, menthol 10%, and lidocaine hydrochloride 2.5% lotion. As per guidelines, there are limited studies on the efficacy of topical agents for chronic pain and it is not considered first line treatment. There is no documentation in the clinical notes stating that applicant has failed to respond to oral medication trials. Because the use of Terocin lotion is not supported by evidence based guidelines and due to lack of documentation of failure of trial of other oral medications, the Terocin lotion is not medically necessary or reasonable at this time.

SPINE SURGERY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Consultation, page 79 and 127

Decision rationale: The spine surgery consultation is not recommended as medically necessary. As per the ACOEM guidelines, a specialist consultation is supported in complex and refractory cases. However, there is no documentation provided that supports the necessity of a spine surgery consult. There is no documentation of failure of conservative treatment at this point and no objective documentation provided that supports demonstration of a surgical lesion. Therefore, the spine surgery consultation is not medically necessary at this time.

RETROSPECTIVE COMPREHENSIVE METABOLIC PANEL (DOS 7/22/16): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, page 89

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 89

Decision rationale: The comprehensive metabolic panel performed on 07/22/13 would not be medically necessary. Although it is mentioned in the most recent clinical note of 07/25/13 that applicant needed a metabolic panel to check CBC, renal and liver function while he is on oral medications, the specific oral medications are not noted. It is noted in the medication list that applicant is taking gabapentin and ibuprofen. Therefore, the comprehensive metabolic panel would not appear to be medically necessary at this time.