

Case Number:	CM13-0021675		
Date Assigned:	11/13/2013	Date of Injury:	11/04/2010
Decision Date:	01/15/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This 58-year-old female patient stated that she was involved in an industrially related accident. This accident occurred on November 04, 2010, while employed as a custodian for [REDACTED]. The patient states she was a front seat passenger seated on the right side of the vehicle and was wearing a seatbelt while in the company vehicle. Her neck was whiplashed and her right hand struck the side windshield. Emergency services were called to the scene. She was able to get out of the car on her own. Her right hand swelled with pain and she experienced a burning pain in her neck. Paramedics applied ice to her hand. A supervisor drove her to [REDACTED] where x-rays were taken showing no fractures. She was provided a wrist/hand brace and medications were prescribed. She took three days off of work after the incident, due to the restrictions that she was given. However, her employer could not accommodate her so she remained out of work. [REDACTED] at [REDACTED] referred her to an orthopedist, [REDACTED]. Physical therapy treatments were initiated three times weekly for one month (electrical stimulation, hot packs, cold packs, massages, ultrasound, paraffin, and therapeutic exercises), which did not provide any relief of her symptoms. Therefore, physical therapy was discontinued, although they were helpful for her cervical spine symptom. Her medications were continued and surgery was recommended for her thumb, due to pain and locking. On February 01, 2011, the patient underwent right thumb surgery performed by [REDACTED]. The patient states surgery was helpful. She received postoperative physical therapy three times weekly for one month (electrical stimulation, hot/cold packs, and ultrasound). The patient reports that physical therapy was helpful. Approximately three to four weeks after surgery, she was sent back to work to perform her regular and custodian duties. No further treatment at that time was rendered. As

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection right carpal tunnel: Overturned

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 Section of Drug Screening.

Decision rationale: This patient was placed on Vicodin 500mg on 2/11/2012; prior to this she was prescribed Norco and urine drug screen was requested on 6/11/2012. According to California MTUS (2009) page 43, urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Also, page 85 of MTUS states "urine drug screening is also used in Chelminski multi-disciplinary pain management program criteria: (Chelminski, 2005) Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed". Therefore, the request for urine drug screening was medically necessary.