

Case Number:	CM13-0033794		
Date Assigned:	12/06/2013	Date of Injury:	07/24/2013
Decision Date:	01/30/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Neurology and has a subspecialty in Headache certification and is licensed to practice in the State of 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 patient is a 54 year old woman with repetitive use injury dated 7/24/2013, with complaints of bilateral arm, neck and right shoulder pain. There is reported numbness and tingling in the right arm, with positive Tinell's at the wrist bilaterally, and at the elbow on the right. There have been stress issues, and she has been referred for cognitive behavioral therapy. Treatment with opioids, Diclofenac Extended Release has been advised, as well as Physical Therapy, and electrodiagnostic testing with Nerve Conduction Studies(NCVS). NCVS showed mild carpal tunnel bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Extended Release 100 MG (#30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71. Decision based on Non-MTUS Citation ACOEM and ODG Guidelines Review MTUS 2009-Chronic Pain treatment Guidelines 7/18/2009, page 71

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71.

Decision rationale: This patient has a history of soft tissue pain related to repetitive use. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are commonly first line medication. ACOEM is

silent regarding chronic use of NSAIDs. Per MTUS chronic pain, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain"... "Voltaren®-XR: 100 mg PO once daily for chronic therapy. Voltaren®-XR should only be used as chronic maintenance therapy." Per guidelines, the patient should be tried on Immediate-Release Diclofenac, and transitioned to Extended-Release only as chronic maintenance.

Physical Therapy X 12 For Pain In Neck, Hands, And Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 203, 267.

Decision rationale: Per ACOEM, in patients with CTS, it is advised to: Adjust or modify workstation, job tasks, or work hours and methods, Stretching - Specific hand and wrist exercises for range of motion and strengthening - At-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs - Aerobic exercise to maintain general conditioning Initial and follow-up visits for education, counseling, and evaluating home exercise. Physical modalities, such as massage, diathermy, cutaneous laser treatment ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral Thus, Physical Therapy (PT) for teaching of active and passive care, and a short course of modalities, as well as direction of a home program are advisable. Conservative treatment of soft tissue symptoms of the arm and shoulder reasonably includes a course of Physical Therapy (PT), typically 2-3 sessions weekly x 2-3 weeks. Thus, PT is standard of care, and supported by guidelines in this setting.

Nerve Conduction Study For Left Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Per ACOEM, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." This patient has had ongoing pain and numbness, and NCVs and EMG are indicated to clarify if there is nerve entrapment, to localize site of injury, and guide further treatments.

Nerve Conduction Study For Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Per ACOEM, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.". This patient has had ongoing pain and numbness, and NCVs and EMG are indicated to clarify if there is nerve entrapment, to localize site of injury, and guide further treatments.