

Case Number:	CM13-0036574		
Date Assigned:	12/13/2013	Date of Injury:	08/04/2011
Decision Date:	01/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 patient is a 51-year-old female with a reported injury of 08/04/2011. According to the documentation, the patient was pulling/lifting a trash can filled with liquid which weighed approximately 50 pounds out of a gurney and into another gurney. The patient stated that she noted the onset of pain in her neck, right shoulder, and right rib. The patient has had ongoing treatment for chronic lower back pain and neck pain. The documentation noted that the patient had complaints of neck pain radiating to the right upper extremity with numbness and tingling in the 2nd and 3rd fingers. Relevant significant objective findings included a positive Tinel's sign and Finkelstein's in the right wrist with decreased sensation in the right median nerve distribution. Tenderness to palpation was noted in the bilateral wrists, flexor tendons, thenar eminence, bilateral elbows and medial epicondyles. The patient's diagnoses included a cervical sprain/strain with radiculitis, bilateral shoulder strains with bursitis and tendonitis, bilateral medial epicondylitis, bilateral lateral epicondylitis and bilateral wrist tendonitis to the right more than the left, and DeQuervain's tenosynovitis. The patient has been treated with medications, chiropractic treatments, acupuncture, and physical therapy. The physician is now requesting 1 range of motion of the trunk, 1 range of motion of the right upper extremity, 1 range of motion of the upper left extremity, and 60 tablets of hydrocodone/acetaminophen at a dose of 2.5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Range of motion of the trunk spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Flexibility

Decision rationale: The California MTUS/ACOEM, the Official Disability Guidelines, and the National Guideline Clearinghouse did not reveal any results regarding range of motion testing. Range of motion testing is not indicated as a separate billable procedure as it is usually a part of a normal examination. The Official Disability Guidelines, under the flexibility heading, state that this is not recommended as primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic back pain, and perhaps for the current impairment guidelines of the American Medical Association. The patient has had ongoing problems with chronic back pain, and performing a range of motion analysis is necessary but should not be included as a separate procedure. Therefore, the request for 1 range of motion of the trunk spine is non-certified.

1 Range of motion of the upper right extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Range of Motion

Decision rationale: The California MTUS/ACOEM did not reveal any results regarding range of motion testing. Therefore, Official Disability Guidelines has been referred to in this case. Range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. Loss of both active and passive range of motion suggests adhesive capsulitis or glenohumeral osteoarthritis. Range of motion testing is not indicated as a separate billable procedure as it is usually a part of a normal examination. The patient has had ongoing problems with upper extremity pain, and performing a range of motion analysis is necessary but should not be included as a separate procedure. Therefore, the request for 1 range of motion of the upper right extremity is non-certified.

1 Range of motion of the upper left extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Range of Motion

Decision rationale: The California MTUS/ACOEM did not reveal any results regarding range of motion testing. Therefore, Official Disability Guidelines has been referred to in this case. Range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. Loss of both active and passive range of motion suggests adhesive capsulitis or glenohumeral osteoarthritis. Range of motion testing is not indicated as a separate billable procedure as it is usually a part of a normal examination. The patient has had ongoing problems with upper extremity pain, and performing a range of motion analysis is necessary but should not be included as a separate procedure. Therefore, the request for 1 range of motion of the left upper extremity is non-certified.

60 Hydrocodone/Acetaminophen 2.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under the California MTUS, it states that opioids, such as Norco, are not generally recommended as a first-line therapy for some neuropathic pain. It recommends that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient's baseline pain and functional assessment should be made. Objective measurements should be made pertaining to the social, physical, psychological, daily and work activities and should be validated using a numeric rating scale. The documentation has not provided a thorough overview of the patient's non-narcotic use prior to utilizing Norco. Therefore, at this time, the medical necessity could not be established for the use of hydrocodone/acetaminophen 2.5/325 mg. Therefore, the requested service is non-certified.