MAXIMUS Federal Services

Case Number:	CM13-0041108		
Date Assigned:	12/20/2013	Date of Injury:	06/05/2013
Decision Date:	08/11/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 30-year-old female who reported an injury on 06/05/2013. The mechanism of injury was not specifically stated. Current diagnoses include cervical disc herniation with myelopathy, thoracic spondylosis without myelopathy, carpal tunnel syndrome, partial tear of the rotator cuff tendon, bursitis, tendonitis of bilateral shoulders, and tendonitis/bursitis of the bilateral hands/wrists. The injured worker was evaluated on 01/15/2014 with complaints of cervical spine pain, bilateral shoulder pain, and bilateral wrist/hand pain. Physical examination revealed 3+ spasm and tenderness in the bilateral paraspinal muscles from C4 to C7, positive axial compression testing, positive distraction testing, positive shoulder depression testing bilaterally, 3+ spasm and tenderness in the bilateral thoracic paraspinal muscles from T3 to T9, 3+ tenderness and spasm in the bilateral upper shoulder muscles and bilateral rotator cuff muscles, positive Speed's testing, positive supraspinatus testing, 3+ spasm and tenderness in the bilateral anterior wrists, positive Tinel's and Phalen's testing, and positive bracelet testing. Treatment recommendations included a work hardening program for 10 visits, a prescription for FlurFlex cream, a 3D MRI of the right shoulder, and an Nerve Conduction Velocity (NCV)/Electromyography (EMG) study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTION MEASUREMENTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. As per the documentation submitted, there is no indication that this injured worker has reached or is close to reaching maximum medical improvement. The specific type of range of motion measurements requested were not listed. The specific body part was also not listed. Based on the clinical information received, the request is not medically necessary and appropriate.

QFCE (QUANTITATIVE FUNCTION CAPACITY EVALUATION): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including functional capacity examination when reassessing function and functional recovery. Official Disability Guidelines state a Functional Capacity Evaluation may be considered if case management is hampered by complex issues and the timing is appropriate. There is no indication that this injured worker is close to reaching or has reached maximum medical improvement. There is also no documentation of any previous unsuccessful return to work attempts. Based on the clinical information received, the request is not medically necessary and appropriate.

FLURFLEX (FLURBIPROFEN 15%, CYCLOBENZAPRINE) 180 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. Cyclobenzaprine is not recommended for topical use. Therefore, the current request is not medically necessary and appropriate.

TG HOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There was no strength, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary and appropriate.