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| Case Number: | CM13-0046971 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/16/2010 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 54 year old male with a date of injury of 05/12/2009. The listed diagnoses per [REDACTED] dated 10/04/2012 are: 1. Status post right shoulder rotator cuff repair (2009) 2. Status post superior labral repair (2010) 3. Partial articular surface tear of left shoulder 4. Left shoulder recurrent tear, superior labrum 5. Status post left shoulder surgery (2011) 6. Left elbow olecranon bursitis and lateral epicondylitis 7. Left wrist chronic strain/sprain 8. Left knee sprain/strain 9. Medial meniscal tear, left knee 10. Status post left knee arthroscopy, partial medial meniscectomy (2012) 11. Gastroesophageal reflux 12. Stress Anxiety and depression 13. Possible sleep disorder According to the report dated 10/01/2013 by treating physician, the patient presents with left hand/wrist pain that "comes and goes". The patient states he feels numbness and tingling in the fingertips of his left hand and an increase in pain when grasping and squeezing. Examination of the left elbow reveals tenderness over the medial aspect of the elbow. It was noted that the patient takes Vicodin to help him sleep and for his depression. [REDACTED] is requesting a refill of Vicodin 5mg #60 and an MRI scan of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with complaints of left wrist, left elbow and left knee pain. Dr. [REDACTED] is requesting an MRI scan of the left wrist. The utilization review dated 10/09/2013 denied the request for an MRI stating there was lack of "clinical evidence of medical necessity." A review of the medical records show there are no recent acute trauma, or any suspicion of subtle fracture. ACOEM guidelines recommend specialized studies when "scaphoid fracture" is suspected; "gamekeeper thumb or ligament rupture is suspected; etc. However, ODG guidelines provide further discussion for MRI, soft-tumor suspicion, Kienbock's disease, in addition to, scaphoid/gamekeeper/ligament disruption, suspicion is required. In this case, the treating physician did not provide any discussion regarding these concerns. Recommendation is for denial.

Vicodin 5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: This patient presents with complaints of left wrist, left elbow and left knee pain. The treating physician is requesting refill of Vicodin 5mg #60. The Utilization review dated 10/09/2013 modified certification of Vicodin from #60 to #32. For chronic opiate use, MTUS requires documentation of the four A's (Analgesia, ADL's, Adverse effects, and Adverse behavior). MTUS also requires functioning documentation using a numerical scale or a validated instrument once every 6 months. Medical records reveal that this patient has been prescribed Vicodin since 11/15/2012. According to the report from 10/16/2013, it states "the patient is taking Vicodin medication to help him sleep as well as medication for depression." There was no numerical scale or use of validated measuring instruments to document the patient's function as it relates to the use of the opiate. MTUS further requires under its "outcome measures," documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain the necessary information required by MTUS guidelines for continued opiate usage. Therefore, recommendation is for denial.