

Case Number:	CM13-0057541		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2010
Decision Date:	05/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 12/02/2010. The mechanism of injury was not provided for review. The injured worker's treatment history included right shoulder surgery, right cubital tunnel release, right carpal tunnel release, and right third finger surgeries. The injured worker's was evaluated on 10/08/2013. It was documented that she had pain complaints of the right elbow rated at a 6/10; decreased motor strength in the shoulder abductors, shoulder flexors, and wrist extensors; decreased shoulder range of motion of the left shoulder secondary to pain. The injured worker's diagnoses included status post right shoulder surgery, right shoulder rotator cuff partial tear, left shoulder impingement, left elbow cubital tunnel syndrome, status post right elbow cubital tunnel release with residuals considered stable, right elbow lateral epicondylitis, status post left hand third digit surgery, status post right wrist carpal tunnel surgery, subacromial and subdeltoid bursitis, acromioclavicular osteoarthritis, supraspinatus and infraspinatus tendinosis of the right shoulder, left shoulder internal derangement, and left shoulder frozen shoulder adhesive capsulitis. The injured worker's treatment plan included Vicodin 5/550 mg on an as needed basis to reduce pain, and an EMG/NCV study of the bilateral upper extremities to evaluate the patient's present condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: California Medical Treatment Utilization Schedule recommends ongoing use of opioid therapy be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since 10/2012. The clinical documentation fails to provide a quantitative assessment of pain relief due to medication usage, evidence of functional benefit, or any indication that the patient is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Vicodin 5/500 mg #60 is not medically necessary or appropriate.

AN UPDATED EMG/NCS OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who have non-focal neurological deficits that would benefit from further diagnostic studies. The clinical documentation submitted for review does not provide any evidence of neurological deficits that would require further diagnostic studies to include an EMG/NCS. As such, the requested updated EMG/NCS of the bilateral upper extremities is not medically necessary or appropriate.