

<b>Case Number:</b>	CM13-0058074		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 and 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 34 year-old female with a date of injury of 07/01/2008. The listed diagnoses per [REDACTED] dated 09/04/2013 are: 1) Status post right shoulder subacromial decompression and clavicle excision 2) Cervical spine strain/strain 3) Bilateral shoulder impingement According to report dated 0904/2013 by [REDACTED], the patient presents with chronic neck, shoulder, bilateral wrist and low back pain. The patient was noted to have history of left wrist injection "with symptoms that slowly improved." Examination of the wrist showed positive Phalen's test, tenderness to the acromioclavicular joint and cervical spine. This progress report, as well as the 3 prior reports, are all hand written and mostly illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 diagnostic ultrasound of bilateral wrists (through [REDACTED]) between 9/4/2013 and 12/1/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient presents with chronic neck, shoulder, bilateral wrist and low back pain. The provider is requesting bilateral wrist diagnostic ultrasound. The MTUS and ACOEM guidelines do not discuss Ultrasounds for the wrist. However, Official Disability Guidelines (ODG) has the following under carpal tunnel diagnostic ultrasound, "Recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as a new alternative diagnostic modality for the evaluation of CTS." Provided for review is an medical report dated 08/20/2013 by [REDACTED] which states "patient had an x-ray of the wrist which were normal." The report goes on to state "because the claimant's condition were stable, I believe they could be regarded as Permanent and stationary." The ODG guidelines states and Ultrasound for the wrist may be considered as a new alternative diagnostic modality. However, this case is not difficult in that the patient's conditioned considered permanent and stationary. The treater does not provide any specific reasons for obtaining ultrasund of the wrists. The recommendation is for denial.

**1 VQ OrthoStim 4 unit (through [REDACTED]) between 9/4/2013 and 12/1/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

**Decision rationale:** The patient presents with chronic neck, shoulder, bilateral wrist and low back pain. The provider requests OrthoStim 4 unit (through [REDACTED]). OrthoStim is a neuromuscular electrical stimulation. The MTUG guidelines under NMES (Neuromuscular Electrical Stimulation) devices states, "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." The OrthoStim is intended for patient following a stroke. In this case, it is not indicated in the medical file for provided for review that this patient has suffered from a stroke. The recommendation is for denial.

**1 prescription of Colace 100mg between 9/4/2013 and 12/1/2013: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

**Decision rationale:** The patient presents with chronic neck, shoulder, bilateral wrist and low back pain. Treater is requesting a refill of Colace 100mg #60. The MTUS guidelines discusses prophylactic medication for constipation when opiates are used. The medical file provided for review indicates that Norco is being utilized by the patient for management of pain. The recommendation is for authorization.

**1 prescription of Dulcolax between 9/4/2013 and 12/1/2013: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

**Decision rationale:** The patient presents with chronic neck, shoulder, bilateral wrist and low back pain. MTUS guidelines discusses prophylactic medication for constipation when opiates are used. In this case, Colace has been approved for possible constipation for patient's chronic opioid use. Given the patient's chronic opiate use, recommendation is for authorization of Dulcolax.