

Case Number:	CM13-0064472		
Date Assigned:	01/03/2014	Date of Injury:	06/18/2013
Decision Date:	05/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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 Illinois. 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 52-year-old female who reported an injury on 06/18/2013 due to a motor vehicle accident. The injured worker reportedly sustained injury to head, neck, low back, shoulders, elbows, right wrist and thumb. The injured worker's treatment history included a corticosteroid injection to the shoulder, chiropractic care, and medications. The injured worker was evaluated on 10/31/2013. It was noted that the injured worker had continued cervical spine pain. Objective findings included restricted range of motion of the cervical spine with tenderness to palpation over the trapezius and paraspinal musculature. Evaluation of the bilateral shoulders revealed tenderness to palpation over the perispcapular and intrascapular musculature with trigger points upon palpation, and limited range of motion secondary to pain. The injured worker's diagnoses include cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, and thoracic musculoligamentous sprain/strain. The injured worker's treatment plan included continuation of manipulative therapy, the use of a TENS unit, use of Norco 2.5/325 mg for pain control, a diagnostic ultrasound study to the right elbow to rule out a micro tear at the epicondyle, and authorization for acupuncture to the right shouler and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5/325 MG EVERY 6 HOURS AS NEEDED, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids-Hydrocodone Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management, page 78. Page(s): 78.

Decision rationale: The clinical documentation indicates that the injured worker was previously taking this medication at a higher dosage. The California Medical Treatment Utilization Schedule recommends ongoing use of opioid therapy be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior and managed side effects. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief or documentation of functional benefit to support the efficacy of this medication. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Therefore, continued use of opioids in the management of chronic pain would not be supported. As such, the requested Norco 2.5/325 mg every 6 hours as needed #60 is not medically necessary or appropriate.

ULTRASOUND STUDY, RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition, Elbow Chapter, Diagnostic Ultrasound.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The American College of Occupational and Environmental Medicine recommends special imaging studies for the elbow unless results will significantly change the outcome of the treatment plan, prior to surgical intervention, or to rule out a serious pathology such as tumors. The injured worker's most recent clinical evaluation does not provide an adequate assessment of the injured worker's elbow injury to support the need for an imaging study. There is no documentation that the injured worker has received any active therapy or rehabilitation directed to the elbow. Therefore, the need for an imaging study is not supported. As such, the requested ultrasound study for the right elbow is not medically necessary or appropriate.

ACUPUNCTURE, RIGHT SHOULDER PERISCAPULAR REGION, ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 5th Edition, 2007 or current year, Hip Chapter, Office Visits Section.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct therapy to an active restoration program. The clinical documentation

submitted for review does not provide any evidence that the injured worker is participating in any type of active therapy to include physical therapy, or a home exercise program specifically directed towards the right shoulder and elbow rehabilitation. Therefore, the need for acupuncture is not clearly supported. As such, the requested acupuncture for the right shoulder periscapular region and the elbow are not medically necessary or appropriate.