MAXIMUS Federal Services

Case Number:	CM14-0001342		
Date Assigned:	01/22/2014	Date of Injury:	07/16/2001
Decision Date:	06/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational Medicine 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 patient is a 57-year-old male who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of July 16, 2001. The patient complains of constant bilateral wrist pain rated 6/10, radiating proximally to the hand, shoulder, upper arm, neck and thoracic spine. This was associated with numbness, tingling, cramping, throbbing, stabbing, electrical, aching and sharp sensation. Physical examination showed flattening of the thenar muscles bilaterally; mildly positive cup sign bilaterally; positive Durkin's, Tinel's and Phalen's bilaterally. The diagnoses include bilateral carpal tunnel syndrome, status post left wrist open reduction internal fixation (2006). The treatment plan includes acupressure for the bilateral wrists, urine drug screen and initial baseline laboratories such as CPK, CRP, CBC and arthritis panel. Treatment to date has included oral analgesics, left wrist surgery, wrist brace, chiropractic therapy and physical therapy. Utilization review from December 6, 2013 denied the requests for urine drug screen because there was no documentation of provider concerns over the patient's use of illicit drugs or non-compliance with prescription medicine; complete blood count (CBC) and creatinine phosphokinase (CPK) laboratory tests because there was no sufficient documentation to indicate the concurrent authorization of additional tests; acupressure to bilateral wrists because the guidelines do not recommend acupuncture for hand or wrist complaints; and C-reactive protein (CRP) laboratory test and arthritis panel because there was no sufficient documentation to indicate this test in the treatment of the patient's current condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, there was no thorough discussion regarding the patient's medications based on the medical records submitted. There was no documentation of opioid intake or any medications that have risks for misuse or addiction. The medical necessity has not been established. Therefore, the request for Urine Drug Screen is not medically necessary.

COMPLETE BLOOD COUNT CBC) LABORATORY TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (http:// onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. In this case, the rationale for the requested test was unclear. The medical records did not provide indications that would warrant additional tests. The medical necessity has not been established. Therefore, the request for Complete Blood Count (CBC) Laboratory Test is not medically necessary.

ARTHRITIS PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Online Version: Chronic Pain Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical University of South Carolina, Arthritis Panel (http://www.muschealth.com/lab/content.aspx?id=150092)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Medical University of South Carolina, Arthritis Panel was used instead. It states that arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, the rationale for the requested test was unclear. The medical records did not provide indications that would warrant additional tests. Patient's manifestations are consistent with the diagnosis of carpal tunnel syndrome. There is no evidence to suspect arthritis in this case. The medical necessity has not been established. Therefore, the request for arthritis panel is not medically necessary.

ACUPRESSURE TO BILATERAL WRISTS: 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), Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Randomized Controlled Clinical Trial for Low Back Pain Treated by Acupressure and Physical Therapy, Preventive Medicine Journal Vol 39, Issue 1, July 2004, pages 168-176 (http://www.sciencedirect.com/science/article/pii/S009174350400057X)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Preventive Medicine Journal 2004 was used instead. The results showed that acupressure is another effective alternative medicine in reducing low back pain, although the standard operating procedures involved with acupressure treatment should be carefully assessed in the future. In this case, patient has chronic bilateral wrist pain despite previous physical therapy sessions. Patient had religious objections against acupuncture, thus acupressure was recommended instead. This modality may be effective for providing pain relief, however, the present request failed to specify the number of treatment sessions. Furthermore, there are limited studies showing the efficacy of acupressure as treatment for carpal tunnel syndrome. Therefore, the request for Acupressure to Bilateral Wrists is not medically necessary.

C-REACTIVE PROTEIN(CRP) LABORATORY TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cardiovascular Disease Risk Tests, High-sensitivity C-reactive protein (hs-CRP) and Medical University of South Carolina, Arthritis Panel (http://www.muschealth.com/lab/content.aspx?id=150092)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. Aetna considers high-sensitivity C-reactive protein (HS-CRP) testing medically necessary for members at risk for cardiovascular disease who meet the set criteria. Other than this, Aetna considers HS-CRP testing experimental and investigational, including use as a screening test for the general population and for monitoring response to therapy, because its clinical value for these uses has not been established. In this case, the rationale for the requested test was unclear. The medical records did not provide indications that would warrant additional tests. In addition, the Medical University of South Carolina stated that CRP is included in the arthritis panel, however, patient's manifestations are consistent with the diagnosis of carpal tunnel syndrome. There is no evidence to suspect arthritis in this case. Therefore, the request for C-Reactive Protein(CRP) Laboratory Test is not medically necessary.

CREATINE PHOSPHOKINASE (CPK) LABORATORY TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Labs Page(s): 23-64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline Plus, creatine phosphokinase test (http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medline Plus, Creatine Phosphokinase Test was used instead. According to the online search, this test may be used to diagnose heart attack, evaluate cause of chest pain, determine if or how badly a muscle is damaged; detect dermatomyositis, polymyositis, and other muscle diseases; and tell the difference between malignant hyperthermia and postoperative infection. In this case, the rationale for the requested test was unclear. There was no documentation of indications that would warrant this test. Furthermore, the patient's manifestations are consistent with the diagnosis of carpal tunnel syndrome. There is no evidence to suspect a rheumatologic disease in this case. Therefore, the request for Creatine Phosphokinase (CPK) Laboratory Test is not medically necessary.