

Case Number:	CM14-0003370		
Date Assigned:	01/31/2014	Date of Injury:	10/14/2013
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology 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 has filed a claim for thoracolumbar sprain, bilateral shoulder sprain, bilateral medial/lateral epicondylitis, bilateral wrist tendinitis, and stomach upset associated with an industrial injury dated October 14, 2013. Thus far, the patient has been treated with non-steroidal anti-inflammatory drugs (NSAIDs), polar frost gel, cortisone injection into the right elbow, physical therapy to the elbows, wrists bracing, elbow straps, hot and cold packs, and opioids. Review of progress notes reports right upper extremity pain, numbness, and tingling. Patient complains of stomach upset. Findings include tenderness of the thoracic or lumbar, bilateral shoulders, bilateral elbows, and bilateral wrists. There are findings suggestive of impingement on the right shoulder. With regards to the elbow, there are positive Cozen's and Tinel's sign with decreased sensation of bilateral ulnar nerve distribution and restricted range of motion, more on the right. Utilization review dated January 06, 2014, indicates that the claims administrator denied a request for Voltaren XR as patient complained of stomach upset; physical therapy; electromyography/nerve conduction velocity (EMG/NCV) of the upper extremities as there is no documented failure of conservative treatment; and internal medicine consult as there is no documentation of description of symptoms and medications tried to date, and the outcomes including dietary changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN XR 100 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: According to the Chronic Pain Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The patient has been on NSAIDs (ibuprofen) since at least November 2013. There is no documentation as to when the patient was switched to Voltaren XR. Report dated February 18, 2014, states that Voltaren XR is essential in the patient's rehabilitation program to manage pain symptoms temporarily as an adjunct to ongoing physical therapy. However, patient has been complaining of stomach upset due to the medication regimen. Adding an NSAID to the regimen can worsen patient's stomach symptoms. Therefore, the request for Voltaren XR was not medically necessary.

EIGHT SESSIONS OF PHYSICAL THERAPY FOR THE MID AND LOWER BACK, BILATERAL SHOULDERS AND BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PHYSICAL THERAPY (PT), SHOULDER CHAPTER, PHYSICAL THERAPY, ELBOW CHAPTER, PHYSICAL THERAPY.

Decision rationale: The Chronic Pain Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. According to Official Disability Guidelines, 10 visits is recommended for lumbar sprain, 10 visits for shoulder sprain, 8 visits for medial and lateral epicondylitis, and 14 visits for cubital tunnel syndrome. In this case, there is documentation of previous physical therapy visits in October 2013 that provided no relief. Patient has had physical therapy to the elbows in November 2013. Also, report from February 18, 2014, notes that patient is currently undergoing physical therapy. The body parts to which these sessions were directed to were not specified. It is unclear as to how many physical therapy sessions this patient has had in total. There is also no description regarding objective benefits derived from these sessions or a treatment plan with defined deficits and goals. Therefore, the request for eight (8) physical therapy sessions (twice a week for four (4) weeks) to the mid and lower back, bilateral shoulders, and bilateral upper extremities was not medically necessary.

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8: NECK AND UPPER BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to the MTUS/ACOEM Guidelines, criteria for electromyography/nerve conduction velocity (EMG/NCV) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In this case, patient presents with findings suggestive of bilateral ulnar nerve impingement at the elbow, persistent despite medications and physical therapy sessions to the elbow. An electromyography (EMG) of the upper extremities is a reasonable option to assess the neuromuscular status of patient's upper extremities. Therefore, the request for EMG of bilateral upper extremities is medically necessary.

NERVE CONDUCTION VELOCITY STUDY OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8: NECK AND UPPER BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to the ACOEM Guidelines, criteria for electromyography/nerve conduction velocity (EMG/NCV) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In this case, patient presents with findings suggestive of bilateral ulnar nerve impingement at the elbow, persistent despite medications and physical therapy sessions to the elbow. A nerve conduction velocity (NCV) of the upper extremities is a reasonable option to assess the neuromuscular status of patient's upper extremities. Therefore, the request for NCV of bilateral upper extremities is medically necessary.

INTERNAL MEDICINE CONSULTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004),
INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127, 156

Decision rationale: According to the ACOEM Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is note of stomach upset secondary to the medication regimen. There is no documentation regarding discontinuation or shifts in the medication regimen to manage this symptom. Also, report from February 18, 2014, indicates that there was an authorization for a referral to a rheumatologist for management of multifocal pain symptoms. Therefore, the request for internal medicine consultation was not medically necessary.