MAXIMUS Federal Services

Case Number:	CM14-0006531		
Date Assigned:	03/03/2014	Date of Injury:	08/25/2003
Decision Date:	07/21/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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:

Patient is a 41-year-old female who has submitted a claim for bilateral thoracic outlet syndrome, brachial plexopathy, sacrococcygeal neuropathy, right cubital tunnel syndrome, left knee strain, cervical dystonia, left shoulder rotator cuff tendinitis, right shoulder labral tear, left De Quervain's tendinits, right thumb strain, right wrist tendinitis, right elbow medial and lateral epicondylitis, duodenal ulcer, migraine, and low back pain associated with an industrial injury date of August 25, 2003.Medical records from 2012 to 2014 were reviewed. Patient complained of bilateral hand pain aggravated with activities. Patient recently underwent 14 sessions of physical therapy, 8 sessions of acupuncture, and 4 sessions of occupational therapy. She reported progress in therapy. Pain was described as intermittent, paresthesia, sharp with muscle spasm. There was numbness and tingling sensation on ulnar side of bilateral upper extremities. Physical examination revealed grip strength of 10 kg at the right, and 8 kg at the left using Jamar dynamometer. Gait was guarded. Shoulder range of motion was restricted on all planes bilaterally. Halstead maneuver was positive on both sides. Wright's hyperabduction test bilaterally was positive at 70 degrees of forward flexion, pulse loss and paresthesia. Weakness and intrinsic hand atrophy were noted bilaterally. Treatment to date has included multiple Botox injections, right shoulder arthroscopy in 2006, right thumb repair in 2007, left thumb capsulodesis in 2010, right shoulder surgery in 2011, 78 occupational therapy visits, 91 physical therapy visits, acupuncture, radiofrequency ablation for sacrococcygeal neuropathy in 2013, and medications.Utilization review from December 18, 2013 denied the request for Botox injection to address chronic migraine headache because it is still under study for episodic migraine and tension headache. However, Botox injection to address thoracic outlet syndrome was certified. The request for occupational therapy two x 6 weeks for right wrist tendinitis flare up was modified into 4 sessions because the request exceeded guideline recommendation. Appeal letter,

dated December 28, 2013, cited that patient has failed topiramate and beta-blocker for her chronic migraine. Previous Botox therapy resulted in significant improvement with decreased episodes of migraine from 15 to 10 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2 X 6 WEEKS FOR RIGHT WRIST TENDINITIS FLARE -UP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Section, Physical Therapy.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In addition, ODG states that 9 therapy visits over 8 weeks are recommended for tendinitis. In this case, the documented rationale for additional therapy is to perform strengthening exercise to improve functional activities. Patient recently completed 14 sessions of physical therapy and 4 sessions of occupational therapy. Range of motion had improved with noted decreased tenderness. Functional goals for this patient include: being able to care for herself independently, and being able to return to work. However, it is unclear why patient cannot transition into a self-directed home exercise program given the extensive amount of therapy visits attended. Moreover, the present request exceeded guidelines recommendations concerning number of therapy sessions for tendinitis. Therefore, the request for Occupational Therapy 2 X 6 Weeks For Right Wrist Tendinitis Flare -Up is not medically necessary.

BOTOX INJECTIONS TO ADDRESS CHRONIC MIGRAINE HEADACHES AND THORACIC OUTLET SYNDROME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: According to pages 25-26 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type headache, migraine headache, and chronic neck pain. Patient is a diagnosed case of chronic migraine headaches and thoracic outlet syndrome. She had received extensive botox injections in the past: left anterior scalene in March 2012, right anterior scalene on April 2012, and bilateral

middle scalene on July 2012 with noted improvement. She was also able to keep her head up for longer period without as much fatigue, pain and muscle spasm. This resulted to improved activities of daily living. The rationale for repeating botox injection is because it should be paired together with therapy for improved function and lasting gains. However, the request for occupational therapy had been deemed not medically necessary. Moreover, the guidelines clearly do not support botox for migraine headache and chronic neck pain. There were no scientific evidences submitted that may corroborate the efficacy of this procedure in this case. Therefore, the request for Botox Injections To Address Chronic Migraine Headaches And Thoracic Outlet Syndrome is not medically necessary.