

Case Number:	CM14-0007178		
Date Assigned:	02/07/2014	Date of Injury:	06/18/2010
Decision Date:	07/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/20/2014

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 50-year-old male who has filed a claim for left shoulder sprain associated with an industrial injury date of June 18, 2010. Review of progress notes indicates pain of the left shoulder and bilateral wrists/hands. Findings include decreased cervical range of motion, tenderness and spasm of the cervical musculature, and positive foraminal compression test. Regarding the shoulders, there was decreased range of motion of both shoulders, tenderness over the greater tuberosities and left rotator cuff muscles, positive drop arm test on the left, positive impingement test bilaterally, and decreased muscle strength of both shoulders. Regarding the elbows, there was decreased range of motion of both elbows, tenderness of the medial epicondyle on the right and of the lateral epicondyle on the left, and positive Tinel's sign on the right. Regarding the wrists and hands, there was tenderness over bilateral wrists, positive Tinel's and Phalen's signs bilaterally, abnormal 2-point discrimination of the median nerve distribution bilaterally and of the ulnar distribution on the right, and decreased grip strength and sensation of the hands. Electrodiagnostic testing dated October 09, 2013 showed bilateral carpal tunnel syndrome, more on the right; and left ulnar nerve conduction velocity across the elbow at the lower limit of normal. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, right and left shoulder surgeries, right elbow surgery in 2011, and right cubital tunnel release in 2011. Utilization review from January 08, 2014 denied the request for physiotherapy x 12 to the left shoulder, right elbow, right wrist, and hand, as there is no documentation of worsening pain or of objective findings; bilateral wrist and forearm braces as there is no documentation of instability in the wrists or objective findings of carpal tunnel syndrome; Motrin as there is no documentation of objective functional benefit with this medication; omeprazole 20mg #60 as there is no mention of any GI symptoms or complaints, or

of GI risk factors; and tramadol ER #30 as there is no documentation regarding significant pain relief or objective functional improvement with its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY TIMES TWELVE TO THE LEFT SHOULDER, RIGHT ELBOW, RIGHT WRIST AND HAND: Upheld

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 Physical Medicine Page(s): 98-99.

Decision rationale: Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment 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. ODG recommends 1-3 visits for carpal tunnel syndrome, 14 visits for cubital tunnel syndrome, and 10 visits for rotator cuff/impingement syndrome. Patient has had physical therapy in the past. However, there is no documentation describing these sessions, or the functional benefits derived from them. Also, the guidelines pose different treatment recommendations regarding the quantity of physical therapy sessions for each condition. Therefore, the request for physiotherapy x 12 to the left shoulder, right elbow, right wrist, and hand was not medically necessary.

BILATERAL WRIST AND FOREARM BRACES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand chapter, Splints; Carpal Tunnel Syndrome chapter, Splinting.

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, ODG was used instead. According to ODG, splinting is recommended for treating displaced fractures. It is also recommended for carpal tunnel syndrome with splinting of the wrist in neutral position at night and day as needed. In this case, patient presents with findings consistent with bilateral carpal tunnel syndrome. Bilateral wrist splinting may be a reasonable option for conservative management strategy in this patient who continues on modified work. Therefore, the request for bilateral wrist and forearm braces was medically necessary.

MOTRIN(UNSPECIFIED): Upheld

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

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

Decision rationale: As stated on pages 67-69 of the California MTUS chronic pain medical treatment guidelines, 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. There is no documentation as to when this patient started taking this medication, and as to the benefits derived from this medication. Also, the requested quantity and dosage are not specified. Therefore, the request for Motrin was not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. There is no documentation as to when this medication was started. This patient does not have the abovementioned risk factors, or any GI symptoms, to support this request. Therefore, the request for omeprazole 20mg #60 was not medically necessary.

TRAMADOL ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no documentation regarding when this medication was started. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Additional information is necessary to support this request. The requested dosage is not specified. Therefore, the request for tramadol ER #30 was not medically necessary.

