

Case Number:	CM14-0145596		
Date Assigned:	10/30/2014	Date of Injury:	09/12/2012
Decision Date:	12/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 50 year old female with a date of injury on 9/12/2012. She is diagnosed with (a) rule out right shoulder internal derangement, (b) rule out left shoulder internal derangement, (c) rule out carpal tunnel syndrome, (d) rule out left carpal tunnel syndrome, (e) right-hand tenosynovitis, (f) left hand tenosynovitis, and (g) depression. Records dated 2/18/2014 documents (a) normal electromyogram of the cervical spine and upper extremities showed no acute or chronic denervation potentials in any of the muscles tests and (b) abnormal nerve conduction velocities of the upper extremities revealed electrophysiological evidence of bilateral mild carpal tunnel syndrome. Per most recent records dated 7/17/2014 notes that the injured worker complained of frequent moderate stabbing right shoulder pain with numbness and tingling sensation, associated with grabbing/grasping, gripping and overhead reaching. She also complained of activity-dependent moderate achy, stabbing, throbbing left shoulder pain and numbness becoming achy pain radiating to the left elbow and wrist. She complained of occasional moderate stabbing, throbbing right wrist pain with numbness and tingling sensation. She also noted occasional moderate stabbing, throbbing left wrist pain with numbness and tingling sensation. She also complained of activity-dependent moderate stabbing, throbbing bilateral hands pain with numbness and tingling sensation. She also complained of activity-dependent moderate stabbing, throbbing bilateral ankle pain with numbness and tingling sensation. Right shoulder examination noted painful and limited range of motion in all planes. Tenderness was noted over the acromioclavicular joint. Left shoulder examination noted limited range of motion in all planes. Tenderness was also noted over the left acromioclavicular joint. Right wrist examination noted painful and limited range of motion. Tenderness was noted over the right volar wrist. Left wrist examination noted decreased and painful range of motion with tenderness over the left volar wrist. Right hand examination full but painful range of motion with

tenderness over the right palmar aspect. Left hand examination noted painful ranges of motion with tenderness over the left palmar aspect. Left ankle examination noted painful ranges of motion. She also complained of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for the bilateral wrists and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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, Pain (Chronic), Physical Medicine Treatment

Decision rationale: Based on the records provided the injured worker has received at least 6 prior physical therapy sessions which are noted to bring down the injured worker's pain levels. However, absent is the documentation or evidence of functional improvements as requisite for additional physical therapy sessions. Moreover, given the date of injury of the worker and the duration of the disability guidelines point out that exercise, activity modification and education provide significant and better outcomes. Without ongoing documentation of improved objective findings or functional improvements, the medical necessity of the requested 12 physical therapy visits for the bilateral wrists and shoulders is not established.

Repeat EMG (Electromyography) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG)

Decision rationale: Guidelines state the electromyogram is recommended only in cases where diagnosis is difficult with nerve conduction studies. In this case, the injured worker is noted to have undergone a prior electromyogram studies in 2/18/2014 which demonstrated normal studies. However, review of the medical records presented do not point any significant changes in his objective findings or there is any indication that a progression of a neurological deficit is hand. Without sufficient evidence of any significant changes in physical examination findings suggestive of radiculopathy then the medical necessity of the requested electromyogram of the bilateral upper extremities is not established.

Repeat NCV (nerve conduction study) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Nerve Conduction Studies (NCS)

Decision rationale: Guidelines state that nerve conduction studies are recommended in workers with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Review of this injured worker's medical records do not point any significant changes in his objective findings or there is any indication that a progression of a neurological deficit is hand. There is also no indication that a surgery is being pursued. Without sufficient evidence of any significant changes in physical examination findings suggestive of radiculopathy then the medical necessity of the requested repeat nerve conduction study of the bilateral upper extremities is not established.

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% cream for the bilateral wrists and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 123-125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to evidence-based guideline, any compounded product that contains at least one drug or drug class that is not recommended is not recommended and that topical analgesics are considered to be experimental or investigational. Prior to use of these analgesics, there should be documentation of a failure of first-line treatment options including antidepressants and anticonvulsants. In this case, there is no indication that oral forms of medication have been tried and failed. There is also no indication of any systemic side effects brought about by oral medications. Moreover, the compounded product contains tramadol, menthol and camphor. Evidence-based guidelines do not present any support regarding these medications in topical form. Based on these reasons, the medical necessity of the requested Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% cream for the bilateral wrists and shoulders is not established.

Flurbiprofen 20%, Tramadol 15% cream for the bilateral wrists and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 123-125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Evidence-based guidelines do not recommended any compounded products where in one drug or drug is also not recommended. In this, the only Food and Drug

Administration-approved topical for non steroidal anti-inflammatory drug accepted be provided for pain relief is diclofenac (Voltaren) while tramadol in topical form still does not have any support from evidence-based guidelines. Therefore, the medical necessity of the requested Flurbiprofen 20%, Tramadol 15% cream for the bilateral wrists and shoulders.