

Case Number:	CM14-0024752		
Date Assigned:	07/18/2014	Date of Injury:	06/05/2009
Decision Date:	08/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 42 year old female who was injured on 06/05/2009. The patient states that while she was working she slipped on something and fell to the concrete, landing on her right side. Immediately after she experienced pain in the right shoulder, right elbow and right wrist and hand. Prior treatment history has included the patient undergoing arthroscopic chondroplasty of the humeral head and glenoid, Bankart repair, SLAP repair and subacromial examination. The patient has had cortisone and B12 Complex injections as well as physical therapy. Medications have included ibuprofen and hydrocodone. Progress note dated 10/31/2013 documented the patient received an injection along the course of the proximal biceps sheath of which she did not get any relief, either temporary or long term. She continues to have pain and popping with abduction/external rotation. She is still having symptoms despite taking anti-inflammatory medications. She is having mechanical symptoms. Objective findings on physical exam revealed the right shoulder with full range of motion. There is no weakness with supraspinatus, external rotation, belly press, bearing or lift off. She has a negative Neer's and Hawkins. There is no joint tenderness or cross body adduction pain in the area. She has painful popping with abduction/external rotation. She does have 1+ sulcus sign. Diagnosis: Right shoulder status post manipulation under anesthesia with arthroscopic capsular release. Partial thickness tear of the supraspinatus, articular sided. Anterior labral tear. Progress note dated 12/05/2013 documented the patient with complaints of bilateral wrist and hand pain, worse on the right, which is described as always aching and occasionally pain that is sharp and stabbing present all the time. The pain radiates to the forearm and there Orthopedic Surgery popping, weakness and swelling with numbness and tingling. Objective findings on examination reveal there is some tenderness in the bilateral forearm musculature. No visible swelling is noted. Tinel's signs is markedly positive at the elbow and wrist. There is slight diminution of sensation in the median nerve

distribution. There is a very slight ulnar decreased sensibility on the volar fifth digit. Wrist range of motion produces pain but appears to be full. Finger flexibility is normal. The shoulder mobility is intact although pain is noted on the extremes of abduction. There is full cervical spine mobility but some tenderness noted in the trapezii. There is markedly positive Phalen's test. There is wrist tenderness noted. Sensibility testing is markedly diminished. Diagnosis: Bilateral carpal tunnel syndrome. Treatment Plan: For these injuries in an attempt to further decrease the patient's pain and inflammation, I believe she would benefit from a brief course of orthopedic treatment consisting of B12, B Complex intramuscular injection, given today, EnvoRX-ibuprofen 10% to minimize pain and avoid side effect as well as acupuncture with electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM injection of B12 and B complex on 12/5/13: 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 Official Disability Guidelines (ODG), Pain, Vitamin B, Carpal Tunnel Syndrome, Vitamin B6.

Decision rationale: MTUS guidelines do not address Vitamin injections. According to ODG guidelines, Vitamin B is "not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful." In this case Vitamin B12 and B complex injections are requested for treatment of pain and inflammation in a 42-year-old female diagnosed with bilateral carpal tunnel syndrome. However, guidelines do not support this practice. Medical necessity is not established.

Acupuncture with electrical stimulation; eight (8) visits, bilateral wrists and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carpal Tunnel Syndrome, Acupuncture.

Decision rationale: According to MTUS guidelines, acupuncture may be recommended to hasten functional recovery. Time to produce functional improvement is 3 to 6 treatments. According to ODG guidelines, acupuncture for carpal tunnel syndrome is "not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control.... The existing evidence is not convincing enough to suggest that acupuncture

is an effective therapy for CTS." For other conditions an initial trial of 3-4 visits over 2 weeks may be recommended with additional visits up to 12 dependent upon objective functional improvement. "The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy." In this case 8 visits of acupuncture are requested for a 42-year-old female diagnosed with bilateral carpal tunnel syndrome. However, the number of visits requested exceeds the guideline recommended initial quantity. Further, efficacy is not established in the treatment of carpal tunnel syndrome. Medical necessity is not established.

Ibuprofen 10% 60gm, apply a thin layer to affected area twice a day: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: According to MTUS guidelines, topical NSAIDs may be recommended for short-term treatment (4-12 weeks) of osteoarthritis or tendinitis after a failure of oral NSAIDs. In this case a request is made for a topical ibuprofen medication for a 42-year-old female diagnosed with bilateral carpal tunnel syndrome and right shoulder impingement. However, there does not appear to have been a failure of or contraindication to oral NSAIDs. (The patient is prescribed oral Ibuprofen). There is no documentation of hand or wrist tendinitis or arthritis. Topical NSAIDs are not indicated for hips, shoulders, or spine. Medical necessity is not established.