

Case Number:	CM14-0036658		
Date Assigned:	07/25/2014	Date of Injury:	01/01/1997
Decision Date:	09/11/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 & 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, shoulder pain, wrist pain, and hand pain reportedly associated with an industrial injury of February 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multimodality transcutaneous electric therapy device; and opioid therapy. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a home care system, a multimodality transcutaneous electric therapy device, a neurology consultation, an orthopedic consultation, a lumbar MRI, a wrist brace, Norco, and physical therapy on the grounds that that the attending provider did not furnish any progress notes along with the request for authorization for the articles at issue. The applicant's attorney later appealed, on March 24, 2014. The sole progress note provided was a physical therapy evaluation dated March 14, 2014, in which the applicant apparently presented with issues associated with wrist and shoulder pain. It was stated that the applicant had residual hand first CMC joint arthritis. The applicant was status post an ulnar nerve release surgery and a carpal tunnel release surgery in 2005, it was stated, as well as a de Quervain's release surgery in March 2012. The applicant stated that she had recent exacerbation of symptoms. The applicant was on Norco, an unspecified antidepressant, vitamins, Klonopin, and a stool softener. 7/10 to 10/10 pain was noted with numbness and tingling about the bilateral hands. The applicant attributed flare-up in her hand symptoms due to compensating for a previously injured left shoulder. Thumb range of motion was diminished, as was grip strength about the right hand. The applicant had tenderness about various regions of the hand, it was noted. Additional therapy was sought. The applicant stated that any kind of movements was exacerbating her hand and thumb pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care assistant: 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 Home Health Services topic Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver otherwise recommended medical treatment in applicants who are homebound. In this case, however, there is no evidence that the applicant is homebound. There is no evidence that the applicant is unable to travel to and from office facilities to obtain medical treatment. It is further noted that the services being sought appear to represent assistance with non-medical activities of daily living, such as homemaker services, cooking, cleaning, shopping, etc. These services are specifically not covered as stand-alone services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, there is no evidence that the applicant is concurrently receiving any other medical services. Therefore, the request is not medically necessary.

Replacement of Surgi-stim unit/OS4 unit: 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 Galvanic Stimulation topic, Neuromuscular Electrical Stimulation topic, Product description Page(s): 117,121.

Decision rationale: Based on the product description, the stimulator device in question includes a variety of modalities, including pulse direct current stimulation, interferential stimulation, high voltage pulse current stimulation, and neuromuscular stimulation. Many of these modalities, however, carry unfavorable recommendations in the MTUS. For instance, the high volt pulse current stimulation, a form of galvanic stimulation, is not recommended and considered investigational for all indications, per page 117 of the MTUS Chronic Pain Medical Treatment Guidelines. Similarly, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that neuromuscular stimulation is not recommended in the chronic pain context and should be reserved for usage in the poststroke rehabilitative context. The applicant's primary pain generators appear to be hand arthritis, hand carpal tunnel syndrome, and nonspecific shoulder pain. There is no evidence that the applicant sustained a stroke. Since multiple modalities in the device carry unfavorable recommendations within the MTUS, the device is not recommended. Therefore, the request is not medically necessary.

Neurological Consult: Overturned

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 Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistence complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the admittedly limited information on file suggests that the applicant has developed a recurrence in symptoms associated with carpal tunnel syndrome, including numbness, tingling, paresthesias about the hands and digits. Obtaining the added expertise of a physician specializing in neuropathies, such as a neurologist, is therefore indicated. Accordingly, the request is medically necessary.

Orthopedic surgeon consult: Overturned

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 Page(s): 1.

Decision rationale: The admittedly limited information on file, including physical therapy evaluation report, suggests that the applicant is having active issues with hand and finger osteoarthritis with resultant difficulty performing activities of daily living such as gripping, grasping, nonspecified hand activities, and opening jars and bottles. Obtaining the added expertise of an orthopedic hand surgeon to determine whether or not the applicant may be a candidate for any kind of specific surgical remedy is therefore indicated. Accordingly, the request is medically necessary.

Lumbar spine MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, however, there is no evidence that any kind of surgical remedy is being actively considered or contemplated. The applicant's primary pain

generators appear to be the hands, fingers, digits, and shoulder, it is further noted. For all of the stated reasons, then, the proposed lumbar MRI is not medically necessary.

Right Wrist thumb brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for carpal tunnel syndrome, de Quervain's tenosynovitis, strains, etc. In this case, the applicant appears to be having a flare or recurrence in carpal tunnel syndrome and/or hand arthritis. Provision of a splint or brace to ameliorate the applicant's recent recurrence in hand and wrist symptoms is indicated. Therefore, the request is medically necessary.

Norco 10/325mg one every 6 hours as needed #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 271.

Decision rationale: The applicant, based on the admittedly limited information on file, is having an acute flare in symptoms of hand, wrist, finger, and shoulder pain, making the MTUS Guideline in ACOEM Chapter 11 a more appropriate selection than the MTUS Chronic Pain Medical Treatment Guidelines. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 271, usage of opioids for more than two weeks is "not recommended." The 120-tablet supply of Norco proposed by the attending provider, thus, does not conform to ACOEM parameters. No rationale for such a large amount of Norco was furnished by the attending provider. No recent medical progress notes were incorporated into the Independent Medical Review packet so as to make a case for selection and/or ongoing usage of Norco. It was not clearly stated whether the request was a first-time request versus a renewal request, whether not the applicant was using the medication chronically or whether the attending provider was, in fact, intending to furnish Norco for an acute exacerbation in pain, as suggested by the applicant. For all of the stated reasons, then, the request is not medically necessary.

Physical therapy once a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-4, page 264.

Decision rationale: Per the applicant's description of events, she developed a flare of bilateral hand and wrist pain owing to compensating for an earlier shoulder injury. The attending provider and/or treating therapist apparently suggested a short course of physical therapy to remediate the applicant's acute flare in hand and wrist symptoms. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-4, page 264, initial and follow-up visits are "recommended" for education, counseling, and evaluation of home exercise purposes. In this case, however, both wrists are implicated. The four-session course of treatment proposed by the attending provider and/or treating therapist for the applicant's acute flare in hand and wrist pain is therefore indicated, appropriate, and does conform to ACOEM parameters. Accordingly, the request is medically necessary.