

Case Number:	CM14-0065931		
Date Assigned:	07/11/2014	Date of Injury:	07/03/2013
Decision Date:	09/18/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for wrist and forearm pain reportedly associated with an industrial injury of July 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; myofascial release therapy; functional capacity testing; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for MRI imaging of the bilateral wrists. Non-MTUS Third Edition ACOEM Guidelines and non-MTUS-ODG Guidelines were invoked. Extracorporeal shock wave therapy was also denied. The claims administrator invoked non-MTUS-ODG Guidelines from the shoulder chapter. Urine toxicology testing ordered on November 26, 2013 was also denied. The claims administrator stated that the Utilization Review Report was intended to request the request made on November 26, 2013. The applicant's attorney subsequently appealed. In a handwritten note dated June 12, 2014, the applicant was placed off of work, on total temporary disability, while topical compounded medications were endorsed. Physical therapy, manipulative therapy, and MRI imaging of the knee were sought. The note was very difficult to follow. MRI imaging of the right wrist of January 25, 2014 was essentially negative and notable only for subchondral cyst formation within the capitate. MRI imaging of the left wrist of January 25, 2014 was also essentially negative notable only for subchondral cyst formulation within the lunate bone, again of uncertain clinical significance. The applicant received several sessions of extracorporeal shock wave therapy, including on January 30, 2014. It was stated that the extracorporeal shock wave therapy was performed for the knee region. On February 13, 2014, the applicant apparently received extracorporeal shock wave therapy for the left wrist region. In a handwritten note dated February 21, 2014, the applicant presented with knee and wrist pain and was given

various topical compounded medications. The applicant was given diagnosis of a meniscal tear. The remainder of the file was surveyed. The bulk of the information on file was sparse, handwritten, difficult to follow, and not entirely legible. On May 9, 2014, the applicant underwent urine drug testing. The drug testing in question included testing for a variety of opioid, anticonvulsant, antidepressant, and benzodiazepine metabolites. Testing was negative for all of the items in the panel. Approximately 20 different opioid metabolites were tested, along with 10 different benzodiazepine metabolites and 15 different antidepressant metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral wrists QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): TABLE 11-6, PAGE 269; TABLE 11-2, PAGE 260.

Decision rationale: The proposed MRIs of the bilateral wrists are not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored a 0/4 in its ability to identify and define suspected ganglion cyst. Similarly, the MTUS Guideline in ACOEM Chapter 11, Table 11-2 notes that there are no specific pathognomonic test and result for aggravating ganglion cyst. In this case, the operating diagnosis, based on the admittedly limited and scant information on file, appears to be that of cyst formation of the hands and wrists. This is not an indication for MRI imaging, per ACOEM. It is further noted that the attending provider did not act on the results of the imaging studies. There is no evidence that the MRIs in question, already performed on January 25, 2014, influenced or altered the treatment plan. There is no evidence that the applicant went on to consider or pursue a surgical remedy based on the results of the MRI imaging in question. Therefore, the request is not medically necessary.

Shockwave therapy QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Shoulder Chapter Extracorporeal shock wave therapy (ESWT) Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC ULTRASOUND TOPIC Page(s): 123. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Knee - Extracorporeal Shockwave Therapy ("Shockwave") For most body parts, there is evidence that ESWT is ineffective (see

Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders chapters). Source - ACOEM V.3.

Decision rationale: The request for extracorporeal shock wave therapy, a form of therapeutic ultrasound, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is not recommended in the chronic pain context present here. It is further noted that the Third Edition ACOEM Guidelines Knee Chapter also notes that, for most body parts, there is evidence that extracorporeal shock wave therapy is ineffective. No rationale for selection and/or ongoing usage of this modality was proffered in the face of the unfavorable MTUS and ACOEM positions on the same. It appears that the applicant already received the extracorporeal shock wave therapy at issue, it is further noted. The attending provider did not, it is further noted, outline how the ESWT in question profited or benefited the applicant. For all of the stated reasons, then, the request is not medically necessary.

Toxicology QTY: 1: 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 DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, URINE DRUG TESTING.

Decision rationale: The urine toxicology testing was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should attempt to conform to the best practices of the United State Department of Transportation (DOT) when performing drug testing and should, furthermore, clearly state when an applicant was last tested. An attending provider should provide some rationale for those drug tests and/or drug panels which he intends to test for, ODG further notes, and also attach an applicant's complete medication list to the request for authorization for testing. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not furnish any rationale for non-standard drug testing to include testing for multiple different opioid and benzodiazepine metabolites when the applicant was negative for the parent classes. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. Since several ODG criteria were not met, the request is not medically necessary.