MAXIMUS Federal Services

Case Number:	CM14-0077662		
Date Assigned:	08/08/2014	Date of Injury:	01/12/2012
Decision Date:	10/06/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 who sustained a date of injury of January 12, 2012. The patient has sharp pain in the wrist and right shoulder. Neurophysiologic testing from October 2012 shows normal upper extremities. Nerve conduction documents moderate right median sensory neuropathy at the wrist. There is mild left median sensory vascular the wrist. Examination the wrist shows tenderness to palpation. There is decreased range of motion of the right wrist. There is positive Phalen's test in the right wrist. Tinel's test is positive bilaterally. There is decreased strength in the right wrist. At issue is whether medications bracing and surgery are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NCV of the bilateral upper extremities: 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) Neck & Upper Back (updated 04/14/14) Electromyography (EMG) and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder and elbow chapter.

Decision rationale: This patient does not meet establish criteria for nerve conduction studies of the upper extremities. The patient had previous nerve conduction studies in October 2012. Since that time the medical records do not document any progressive neuromuscular disease symptoms and physical exam does not document any new neurologic findings. Therefore criteria for additional neurophysiologic testing not met. Therefore, EMG and NCV of the bilateral upper extremities is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen: Opioids Page(s): 76-78, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: There is no indication that this patient has been abusive of prior medication prescriptions in the past. In addition the medical records do not support the use of narcotic opioid analgesics. Narcotic opioid analgesics and not medically necessary for this patient is extremity pain. Guidelines do not support using narcotics for chronic pain condition. Therefore Urine toxicology screen is not medically necessary.

Bilateral wrist braces/night splints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (02/20/14) Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder elbow and hand chapter.

Decision rationale: The medical records indicate that bilateral spica splints were authorized in January 2013. There is no documentation indicating that the patient was compliant with the use of the braces. There is no documentation in the medical records about the current condition of the bilateral splints. Therefore, bilateral wrist braces/night splints are not medically necessary.

Right thumb spica brace: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter.

Decision rationale: There is documentation that the patient was certified for right thumb spica splint in January 2013. Compliance in the use of the splint and his current condition has not been documented in the medical records. Therefore Right thumb Spica brace is not medically necessary.

Physical therapy evaluation and treatment of the right shoulder and bilateral wrists 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/25/14) Physical therapy and Carpal Tunnel Syndrome (updated 02/20/14) Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter.

Decision rationale: The medical records indicate that this patient has received outpatient physical therapy from January 2012 until August 2013. However the number of visits modality use and outcomes are not described in the medical records. There is no information as to whether or not these anatomic areas improve with previous physical therapy. There is no documentation defects a previous physical therapy. Therefore the request for Physical therapy evaluation and treatment of the right shoulder and bilateral wrists 2x6 is not medically necessary.

Mobic 15mg #60, as prescribed on 04/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and NSAIDs, specific drug list & adverse effects Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: The medical records does not give any information of prior medication use and outcomes with respect to prior medication use. Mobic his usual use as an anti-inflammatory agent which is a second line agent. Medical documentation does not support the need of a second line anti-inflammatory medicine. Therefore, Mobic 15mg #60, as prescribed on 04/17/14 is not medically necessary.

Right wrist CTR (carpal tunnel release): 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) Carpal Tunnel Syndrome (updated 02/20/14) Carpal tunnel release surgery (CTR) and ODG Indications for Surgery - Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter.

Decision rationale: In this case the provider has requested additional wrist splints. Review of the medical records does not reveal how successful conservative measures have Benn. It also does not reveal the extent of conservative measures. There is no indication with a cortisone injection has been tried. There is no indication of effectiveness of previous splint use. The medical records do not clearly demonstrate the need for carpal tunnel release surgery. Right wrist CTR (carpal tunnel release) is not medically necessary.