

Case Number:	CM14-0184593		
Date Assigned:	11/12/2014	Date of Injury:	07/13/2012
Decision Date:	01/07/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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 chronic wrist, hand, finger, and elbow pain reportedly associated with an industrial injury of July 13, 2012. In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve a request for range of motion testing, incorrectly stating that the MTUS did not address the topic and failed to approve a request for Promolaxin, a laxative, again invoking non-MTUS FDA guidelines in favor of MTUS Guidelines. The claims administrator stated that its determination was based on an office visit of October 16, 2014. The applicant's attorney subsequently appealed. In an August 28, 2014 office visit, the applicant was apparently discharged on physical therapy on the grounds that he had achieved maximum possible benefit from physical therapy. In a handwritten note dated March 3, 2014, the applicant reported ongoing complaints of neck and low back pain, 6-7/10. The applicant was asked to continue physical therapy and unspecified pain medications. A cervical MRI was sought, along with cervical epidural steroid injection therapy. The applicant's work status was not furnished. On October 16, 2014, the applicant reported ongoing complaints of hand and wrist pain. Electrodiagnostic testing was sought. The applicant was asked to continue hand splinting. Motrin, Methoderm, Prilosec, Naprosyn, Promolaxin, tramadol, Neurontin, and urine drug testing were endorsed. The applicant's work status, once again, was not clearly stated. The applicant was status post multiple injections for de Quervain tenosynovitis, it was acknowledged. Electrodiagnostic testing of October 17, 2014 was notable for moderate bilateral carpal tunnel syndrome. In an October 16, 2014 chiropractic progress note, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of wrist, hand, neck, elbow, and shoulder pain. The applicant was status post left and right wrist surgeries as well as earlier right shoulder surgery, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Range of Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 9, 257, 170, 200.

Decision rationale: Some of the applicant's pain generators here include the neck, shoulder, wrist, and elbow. However, the MTUS Guideline in ACOEM Chapter 8, page 170 notes that range of motion managements of the neck and upper back are of "limited value" owing to the marked variation amongst the applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 200 stipulates that an applicant's shoulder range of motion be determined "actively and passively." The MTUS Guideline in ACOEM Chapter 10, page 257 likewise stipulates that forearm, hand, and wrist examination should include evaluation of "active and passive range of motion" within an applicant's limits of comfort. Finally, the MTUS Guideline in ACOEM Chapter 10, page 9 states that active range of motion should be assessed as part of a focused-elbow examination and further notes that passive range of motion can be assessed in applicants whose active range of motion is limited. Thus, ACOEM suggests determining an applicant's wrist, shoulder, and elbow range of motion actively and passively. There is, by implication, no formal support in ACOEM for formal, computerized range of motion measurements of the elbow, wrist, and shoulder, several of the primary pain generators here. The MTUS Guideline in ACOEM Chapter 8 notes that range of motion measurements of the cervical spine are of limited value and, by implication, does not support the formal range of motion measurements conducted here. Therefore, the request was not medically necessary.

Retrospective Promolaxin 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/docusate.html> and the article "Management of Opioid-Induced Gastrointestinal Effects: Treatment"

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment for constipation should be initiated in applicants using opioids. Here, the applicant was, in fact, using tramadol, a synthetic opioid. Concomitant provision of Promolaxin, a laxative agent, to combat any issues with tramadol-induced constipation which might have arisen was therefore indicated. Accordingly, the request was medically necessary.

