MAXIMUS Federal Services

Case Number:	CM14-0194700		
Date Assigned:	12/02/2014	Date of Injury:	12/13/2006
Decision Date:	01/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/20/2014

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 low back, shoulder, leg, and wrist pain reportedly associated with an industrial injury of December 30, 2006.In a Utilization Review Report dated November 18, 2014, the claims administrator approved a request for Vicodin while denying a request for diclofenac. Bilateral wrist braces and physical therapy were also denied. The claims administrator stated that the attending provider did not furnish or rationale to switch the applicant off of currently used Naprosyn in favor of diclofenac. The claims administrator denied wrist braces despite a favorable ACOEM position on the same. The claims administrator stated that the attending provider had failed to document the applicant's wrist complaints in a sufficient manner. Six sessions of physical therapy were denied, invoking the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator did not, in several instances, invoked cited guidelines into the decision rationale. The claims administrator's decision was based on an October 29, 2014 progress note and associated RFA form. The applicant's attorney subsequently appealed.In a January 22, 2014 medical-legal evaluation, it was suggested that the applicant had electrodiagnostically confirmed bilateral carpal tunnel syndrome and had returned to work as a community service representative for the City of Pasadena. The applicant had eventually transitioned from part-time work to full-time work, it was stated. The applicant was given diagnosis of shoulder pain, status post shoulder surgery, bilateral carpal tunnel syndrome, and low back pain. The medical-legal evaluator noted that the applicant did have multifocal complaints of neck, wrist, hand, low back, and shoulder pain. The applicant's medication list was not detailed.The remainder of the file was surveyed. Neither the October 29, 2014 progress note nor the associated RFA form were incorporated into the report rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100 mg, one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Anti-inflammatory Medication Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as diclofenac do represent the traditional first line treatment for various chronic pain conditions, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "other medications" into its choice of pharmacotherapy. In this case, the attending provider, per the claims administrator, did not seemingly furnish any rationale for provision of two separate anti-inflammatory medications, Naprosyn and diclofenac, although it is acknowledged that the October 29, 2014 RFA form and associated progress notes made available to the claims administrator were not incorporated into Independent Medical Review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Bilateral wrist braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 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, the diagnosis reportedly present here. The admittedly limited and somewhat dated information on file does suggest the presence of active upper extremity paresthesias associated with electrodiagnostically confirmed bilateral carpal tunnel syndrome. Provision of a wrist splint to ameliorate the same was/is indicated, per ACOEM. Therefore, the request was medically necessary.

Physical therapy for right wrist, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of eight sessions of treatment for neuralgia and neuritis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, it was not clearly outlined how, why, and/or if the applicant was incapable of transitioning to self-directed home physical medicine, although it is acknowledged that the October 25, 2014 progress note and RFA form in which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. Similarly, the MTUS Guideline in ACOEM Chapter 3, page 48 also takes the position that it is incumbent upon the prescribing provider to furnish a prescription for therapy which "clearly states treatment goals." In this case, by definition, the request did not clearly state treatment goals as the October 25, 2014 RFA form and associated progress notes were not incorporated into the Independent Medical Review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.