

Case Number:	CM14-0198703		
Date Assigned:	12/22/2014	Date of Injury:	07/15/2014
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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 patient is a 48 year old male with an injury date on 07/15/2014. Based on the 09/12/2014 Initial Orthopedic Surgery Evaluation report provided by the treating physician, the diagnoses are: 1. Lumbar spine sprain/strain R/O disc disease 2. Contusion of wrist/hand (L) 3. S/P Left Wrist fracture per medical records 4. Contusion of left knee R/O internal derangement. According to this report, the patient complains of 10/10 constant sharp pain in the left wrist, left hand traveling to the left arm and left shoulder, lower back traveling to the left leg and foot, and occasional sharp pain in the left knee that is a 9/10. Physical exam reveals moderate tenderness at the medial and lateral aspect of the left wrist. Range of motion of the left wrist and lumbar is decreased. Motor strength of the left wrist flexion/extension is decreased. Mild tenderness and spasms is noted at T12 to S1 paraspinal muscles. The treatment plan is to request for "XRAY of the left wrist/hand, CT scan of the left WRIST/hand, MRI of the left knee, as well as physical therapy." The patient "is not currently working; his last day at work was August 10, 2014. The patient is placed on temporary total disability until 10/10/14." There were no other significant findings noted on this report. The utilization review denied the request for (1) 12 sessions of Physical therapy for the left wrist, (2) CT scan of the left wrist and left hand, (3) Urinalysis, and (4) Flurbiprofen 20% Baclofen 10% Dexamethasone 2% 210 grams on 11/04/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 09/12/2014 to 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 09/12/2014 report, this patient presents with 10/10 constant sharp pain in the left wrist, left hand traveling to the left arm and left shoulder, lower back traveling to the left leg and foot, and 9/10 occasional sharp pain in the left knee. The current request is for physical therapy 3x4, left wrist. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the provided records show no therapy reports and there is no discussion regarding the patient's progress. The treating physician does not discuss the patient's treatment history nor the reasons for the requested therapy. Furthermore, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.

CT scan of the left wrist and left hand: 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), Forearm, Wrist, and Hand, Compute tomography (CT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist/hand chapter: Computed tomography (CT).

Decision rationale: According to the 09/12/2014 report, this patient presents with 10/10 constant sharp pain in the left wrist, left hand traveling to the left arm and left shoulder, lower back traveling to the left leg and foot, and 9/10 occasional sharp pain in the left knee. The current request is for CT scan of the left wrist and left hand "because the patient has not yet had one." Regarding CT scan of the wrist/hand, ODG guidelines recommend when there is an acute hand or wrist trauma and there is a suspect of scaphoid fracture, comminuted distal radius fracture, distal radioulnar joint subluxation, suspect hook of the hamate fracture, metacarpal fracture or dislocation, and occult fracture possibly hamate. In this case, the patient does not presents with an acute hand or wrist trauma and there is no suspicion of any fracture to the wrist or hand. The treating physician does not discuss why the patient needed CT scan of the left wrist and hand other than "the patient has not yet had one." The current request is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under urine drug testing.

Decision rationale: According to the 09/12/2014 report, this patient presents with 10/10 constant sharp pain in the left wrist, left hand traveling to the left arm and left shoulder, lower back traveling to the left leg and foot, and 9/10 occasional sharp pain in the left knee. The current request is for urinalysis. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records do not indicate opiate pain medications are being prescribed to the patient. There were no discussions provided by the treating physician as to why the patient needs a urinalysis when an opiate pain medication is not prescribed. MTUS and ODG support urine drug testing, "as a tool to monitor compliance with prescribed substances." The current request is not medically necessary.

Flurbiprofen 20% Baclofen 10% Dexamethasone 2% 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compounded Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 09/12/2014 report, this patient presents with 10/10 constant sharp pain in the left wrist, left hand traveling to the left arm and left shoulder, lower back traveling to the left leg and foot, and 9/10 occasional sharp pain in the left knee. The current request is for Flurbiprofen 20% Baclofen 10% Dexamethasone 2% 210 grams "for inflammation." Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. Regarding Baclofen, MTUS states "Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen." The current request is not medically necessary.