

Case Number:	CM14-0203433		
Date Assigned:	12/15/2014	Date of Injury:	10/04/2010
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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 Emergency 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:

This 28 year old female sustained a work related injury on 10/4/2010. The current diagnoses are right wrist pain, status post right wrist arthroscopy, right mild carpal tunnel syndrome, right moderate cubital tunnel syndrome, chronic lumbar sprain/strain with myofascitis, left sacroiliac joint dysfunction, and cervical sprain/strain. According to the progress report dated 10/3/2014, the injured workers chief complaints were pain in the right wrist, right elbow, and lumbar spine. The physical examination of the right wrist revealed a positive tinel sign, positive carpal tunnel compression test, and a positive phalen test. The right elbow had a positive tinel at the cubital tunnel. She has full flexion and extension of the elbow. Cervical spine demonstrates diffuse tightness of the right cervical region. She has limited range of motion, secondary to pain. Lumbar spine demonstrated mild paraspinous muscle tightness and tenderness. Range of motion is limited. Straight leg raise test was negative. The medication list was not specified in the progress report. On this date, the treating physician prescribed Lidoderm 5%, occupational therapy to the right hand and elbow, and physical therapy to the lumbar spine, which is now under review. In addition to Lidoderm, occupational and physical therapy, the treatment plan included EMG/NCS of the right upper extremity. When Lidoderm, occupational and physical therapy was prescribed work status was modified. Restrictions included no repetitive gripping, grasping, pinching, and pulling. No lifting greater than 5 pounds with the right upper extremity. She must take rest breaks every hour for 15 minutes from typing. On 11/12/2014, Utilization Review had non-certified a prescription for Lidoderm 5%, occupational therapy to the right hand and elbow, and physical therapy to the lumbar spine. The Lidoderm was non-certified based on no evidence that other non-narcotic pain medications are sufficient to alleviate pain symptoms. Physical and occupational therapy were modified as the injured worker has not had therapy in over two years and symptoms are ongoing with limitations reported. A short course of therapy is indicated to

update a home exercise program. The California MTUS Chronic Pain Medical Treatment Guidelines Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (unspecified quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Page(s): 56-57.

Decision rationale: The requested Lidoderm 5% (unspecified quantity) is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has pain in the right wrist, right elbow, and lumbar spine. The treating physician has documented: The physical examination of the right wrist revealed a positive tinel sign, positive carpal tunnel compression test, and a positive Phalen test. The right elbow had a positive tinel at the cubital tunnel. She has full flexion and extension of the elbow. Cervical spine demonstrates diffuse tightness of the right cervical region. She has limited range of motion, secondary to pain. Lumbar spine demonstrated mild paraspinal muscle tightness and tenderness. Range of motion is limited. Straight leg raise test was negative. The treating physician has not documented failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above have not been met. Therefore, the request for Lidoderm 5% (unspecified quantity) is not medically necessary.

Right hand and elbow occupational therapy 2-3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation ODG-TWC, Elbow Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy

Decision rationale: The requested right hand and elbow occupational therapy 2-3x6 is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions

as a transition to a dynamic home exercise program. The injured worker has pain in the right wrist, right elbow, and lumbar spine. The treating physician has documented: The physical examination of the right wrist revealed a positive tincl sign, positive carpal tunnel compression test, and a positive Phalen test. The right elbow had a positive tincl at the cubital tunnel. She has full flexion and extension of the elbow. Cervical spine demonstrates diffuse tightness of the right cervical region. She has limited range of motion, secondary to pain. Lumbar spine demonstrated mild paraspinous muscle tightness and tenderness. Range of motion is limited. Straight leg raise test was negative. The treating physician has not documented the medical necessity for therapy beyond a current trial of 6 sessions to evaluate functional improvement. The criteria noted above have not been met. Therefore, the request for right hand and elbow occupational therapy 2-3x6 is not medically necessary.

Lumbar spine physical therapy 2-3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested lumbar spine physical therapy 2-3x6 is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has pain in the right wrist, right elbow, and lumbar spine. The treating physician has documented: The physical examination of the right wrist revealed a positive tincl sign, positive carpal tunnel compression test, and a positive Phalen test. The right elbow had a positive tincl at the cubital tunnel. She has full flexion and extension of the elbow. Cervical spine demonstrates diffuse tightness of the right cervical region. She has limited range of motion, secondary to pain. Lumbar spine demonstrated mild paraspinous muscle tightness and tenderness. Range of motion is limited. Straight leg raise test was negative. The treating physician has not documented the medical necessity for therapy beyond a current trial of 6 sessions to evaluate functional improvement. The criteria noted above have not been met. Therefore, the request for lumbar spine physical therapy 2-3x6 is not medically necessary.

EMG/NCV of RUE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260. Decision based on Non-MTUS Citation ODG-TWC, Carpal Tunnel Syndrome Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273, 177-179.

Decision rationale: The requested EMG/NCV of RUE is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 268-269, 272-273; note that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has pain in the right wrist, right elbow, and lumbar spine. The treating physician has documented: The physical examination of the right wrist revealed a positive tinell sign, positive carpal tunnel compression test, and a positive Phalen test. The right elbow had a positive tinell at the cubital tunnel. She has full flexion and extension of the elbow. Cervical spine demonstrates diffuse tightness of the right cervical region. She has limited range of motion, secondary to pain. Lumbar spine demonstrated mild paraspinous muscle tightness and tenderness. Range of motion is limited. Straight leg raise test was negative. The criteria noted above have been met. Therefore, the request for EMG/NCV of RUE is medically necessary.