

Case Number:	CM14-0205008		
Date Assigned:	12/30/2014	Date of Injury:	02/09/2001
Decision Date:	02/20/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injured worker is a 51-year-old female who reported an injury on 02/09/2001. The mechanism of injury was not provided. On 12/19/2014, the injured worker presented with right dorsal forearm pain. On examination, there was tenderness over the cervical spine. There was limited cervical range of motion due to pain. There was a positive straight leg raise to the right. There was also tenderness to the proximal forearm extensor. There was pain with wrist extension against resistance. The diagnoses were right radial tunnel syndrome, right shoulder impingement syndrome, cervical pain, low back pain, and reactive depression. The provider recommended a right radial tunnel decompression, omeprazole 20 mg with a quantity 60, and an LOS brace. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Radial Tunnel Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 46-47.

Decision rationale: The request for right radial tunnel decompression is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical intervention for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostic studies that would correlate with clinical findings. There should be evidence of significant loss of function as reflected in significant activity limitations due to nerve entrapment and evidence of the patient's failure to respond to conservative treatment. Surgery may be reasonable if there is unequivocal evidence of radial tunnel syndrome which would include a positive electrodiagnostic study and objective evidence of loss of function. The injured worker had previous chiropractic and acupuncture treatment. However, those treatments were specific to the cervical and lumbar spine. There is no evidence of an electrodiagnostic test performed. Additionally, there was no objective evidence of severe loss of function noted upon physical examination. As such, medical necessity has not been established.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for omeprazole 20mg #60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is no information on if the injured worker has dyspepsia secondary to NSAID therapy. Additionally, there is no indication of the injured worker having a moderate to high risk of gastrointestinal events. As such, medical necessity has not been established.

LOS Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for LOS brace is not medically necessary. The California MTUS/ACOEM Guidelines state that there is insufficient evidence to support the use of a brace. There is no medical indication that a back brace would assist in treatment for the injured worker. As such, medical necessity has not been established.

Retrospective request for a toxicology screening provided on 9/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The Retrospective request for a toxicology screening provided on 9/19/14 is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is also no evidence of opioid use.