MAXIMUS Federal Services

Case Number:	CM14-0208412		
Date Assigned:	12/22/2014	Date of Injury:	03/01/2012
Decision Date:	02/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal 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 patient is an injured worker with a history of tenosynovitis, carpal tunnel syndrome, De Quervain disease, and possible cervical radiculopathy. Date of injury was March 1, 2012. The qualified medical evaluation report dated August 20, 2013 documented a history of tenosynovitis, carpal tunnel syndrome, De Quervain disease, and possible cervical radiculopathy. Regarding the history of injury, the patient stated she started having pain, stiffness, and numbness and tingling in both hands on a progressive basis. She was seen by a chiropractor, had physical therapy, acupuncture, and subsequently has had bilateral carpal tunnel releases on 11/29/12, and the right one done on 1/31/13. She has had repeated surgery on 7/11/13, when she had trigger finger releases on the right hand middle, ring, and little fingers. The electromyography (EMG) and nerve conduction velocity (NCV) studies of bilateral upper extremities performed on January 16, 2014 were normal. The orthopedic consultation report dated August 27, 2014 documented the opinion that there is no indication for any further surgical treatment at this point. The general medicine report dated November 24, 2014 documented a physical examination. The patient had Tinel's at the right cubital tunnel. Grossly positive elbow flexion test with some concordant pain, numbness and tingling into her problematic area down to the right palm, fourth and fifth fingers, with difficulty bending the right fifth finger as usual. Manual muscle testing shows diminished pinch and grip on the right, 5/5 left. Diagnoses were bilateral carpal tunnel syndrome with right carpal tunnel release 01/31/2013, left carpal tunnel surgery November 29, 2012 good result in progress, trigger finger release, bilateral ulnar neuritis, cervical strain, and cubital tunnel syndrome. The treatment plan included request for MRI magnetic resonance imaging of the left elbow, functional restoration program, Ondansetron, Norco, Oxycodone, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) MRI and on the Non-MTUS ACOEM 3rd Edition Bibliographic Source: Elbow disorders, Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery in Workers and on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM); 2012. page. 1-169. Table 1 Summary of Recommendations for Diagnostic and Other Testing for Elbow Disor

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition Chapter 10 Elbow Complaints recommends MRI for suspected ulnar collateral ligament tears, but not other elbow conditions. MRI for epicondylalgia is not recommended. Official Disability Guidelines (ODG) indicates plain films X-rays are required before MRI is considered. MRI of elbow may be indicated when plain films are non-diagnostic. There is a lack of studies showing the sensitivity and specificity of magnetic resonance in many of these entities, and MRI is usually not necessary. ACOEM 3rd Edition indicates that magnetic resonance imaging MRI for routine evaluation of acute, subacute, or chronic elbow joint pathology, including degenerative joint disease is not recommended. In this case, the medical records document that the electromyography (EMG) and nerve conduction velocity (NCV) studies of bilateral upper extremities performed on January 16, 2014 were normal. The orthopedic consultation report dated August 27, 2014, documented the opinion that there was no indication for any further surgical treatment. The general medicine report dated November 24, 2014, did not document plain films X-rays. Official Disability Guidelines (ODG) indicates that non-diagnostic plain films X-rays are required before MRI is considered. ACOEM 3rd Edition indicates that MRI for routine evaluation of chronic elbow joint pathology is not recommended. The request for elbow MRI is not supported by ACOEM and ODG guidelines. Therefore, the request for MRI of the left elbow is not medically necessary.

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs); Functional Restoration Programs (FRPS);.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Total treatment duration should generally not exceed 20 full-day sessions. In this case, the general medicine report dated November 24, 2014, documented that the patient had good improvement with medications. MTUS criteria require stated that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The 11/24/14 progress report documented clinical improvement with medications and documented a request for a FRP functional restoration program. The duration of FRP treatment was not specified. Per MTUS, FRP treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Total treatment duration should generally not exceed 20 full-day sessions. The 11/14/14 progress report did not specify the duration of FRP treatment. MTUS guidelines do now allow for FRP treatment without limitation on treatment duration. Therefore, the request for FRP functional restoration program, without treatment, duration specification is not supported by MTUS guidelines. Therefore, the request for functional restoration program is not medically necessary.

Ondansetron: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anti-Emetics for Opioid Nausea

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ondansetron (Zofran Â®) and Non-MTUS Food and Drug Administration (FDA), Prescribing Information Zofran (Ondansetron), http://www.drugs.com/pro/zofran.html.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) states that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. Medical records do not document symptoms of nausea or vomiting associated with chemotherapy or radiation treatment or postoperative use. Zofran was not being prescribed for postoperative use. No nausea or vomiting was documented in the general medicine report dated November 24, 2014. Based on the review of the medical evidence and guidelines, this request for Ondansetron is not medically necessary.