

Case Number:	CM14-0209614		
Date Assigned:	12/22/2014	Date of Injury:	03/28/2014
Decision Date:	02/10/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 66 year-old female who has a history of a work injury occurring on 03/28/14 and is being treated for neck, low back, and bilateral upper and lower extremity symptoms. She was seen on 08/04/14. There had been improvement after occupational and physical therapy treatments. She had improved range of motion with decreased stiffness and decreased pain intensity and duration. Physical examination findings included decreased cervical spine range of motion with bilateral trapezius tenderness and muscle guarding. There was bilateral wrist and elbow tenderness. Diagnostic ultrasound of the elbows and bilateral EMG/NCS testing had been requested to rule out cubital tunnel syndrome with ulnar nerve subluxation. She was continued at modified work with a 10 minute break every hour. Therapy treatments were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder ultrasound: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic): Ultrasound, diagnostic

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for neck, low back, and bilateral upper and lower extremity symptoms. Based on the records provided, diagnostic ultrasound of the elbows is being requested. Diagnostic ultrasound is indicated for chronic elbow pain when there is suspected nerve entrapment or mass and plain films are nondiagnostic and as an alternative to MRI if expertise available. In this case, the requesting provider is requesting the test to evaluate the claimant for cubital tunnel syndrome. However, no plain film x-ray results are described and therefore, based on the information provided, this test is not considered medically necessary.

Axid #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for neck, low back, and bilateral upper and lower extremity symptoms. Medications include Anaprox and she is over age 65. Axid (nizatidine) is a histamine H2-receptor antagonist. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when is over age 65 and is taking a nonselective non-steroidal anti-inflammatory medication at the recommended dose. Guideline recommendations include that a histamine H2-receptor antagonist such as Axid be prescribed. It was therefore medically necessary.

Anaprox #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for neck, low back, and bilateral upper and lower extremity symptoms. Medications include Anaprox and she is over age 65. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, Anaprox taken two times per day is in within guideline recommendations and therefore medically necessary.