

Case Number:	CM15-0001817		
Date Assigned:	01/13/2015	Date of Injury:	06/07/2013
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury to bilateral upper extremities due to repetitive work on 6/7/13. She has reported left knee pain, low back pain, right carpal tunnel and right foot sprain. The diagnoses have included right wrist strain/sprain, tendinitis, lumbosacral strain/sprain. Treatment to date has included medications, diagnostics, and chiropractic 12 sessions. Currently, per primary treating physician PR2 dated 12/1/14, the Injured Worker complains of right and left wrist pain with repetitive use and dropping things easily. There were complaints of spasms and throbbing. She also complained of left knee popping, buckling and giving way. Physical exam revealed right and left wrist positive tinsels and phalin's sign. The Injured Worker was to return to modified work as of 12/1/14 with no lifting over 10 pounds, no repetitive bending or stooping, no mopping and no scooping ice cream with follow up in 4-6 weeks. On 12/11/14 Utilization Review non-certified a request for Ultrasound of the right wrist, noting there is no indication of intraarticular wrist pathology. The Official Disability Guidelines (ODG) was cited. On 12/11/14 Utilization Review non-certified a request for EMG/NCV of the right upper extremity, noting the diagnosis is known already and there is no need for repeat testing. The (ACOEM) Occupational Medicine Practice Guidelines was cited. On 12/11/14 Utilization Review non-certified a request for Fexmid 7.5mg #60, noting efficacy diminishes over time and prolonged use may lead to dependence. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Forearm, Wrist, & Hand (Acute & Chronic)-Ultrasound (diagnostic)

Decision rationale: The 43 year old patient presents with pain in wrists, right greater than left, that worsens with repetitive use, as per progress report dated 12/01/14. The request is for ULTRASOUND OF THE RIGHT WRIST. The RFA for the report is dated 12/01/14, and the patient's date of injury 06/07/13. In the same progress report dated 12/01/14, the patient also complains of low back pain on the right along with spasms and throbbing. The pain is rated at 6/10 with medications and 8/10 without medications. Diagnoses, as per the same report, includes cervical sprain/strain, lumbar sprain/strain, bilateral shoulder strain, bilateral wrist strain/sprain, right CT syndrome, right knee pain, and bilateral plantar fasciitis. The patient has been allowed to return to modified work, as per the same report. As per ODG guidelines, chapter 'Forearm, Wrist, & Hand (Acute & Chronic)' and topic 'Ultrasound (diagnostic)', states that recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. (Guerini, 2007) The ulnar nerve is also easily visualized. Regarding Ultrasound 'Therapeutic', the guidelines state "Not recommended. In a Cochrane Database review, there was only weak evidence of a short-term benefit of therapeutic ultrasound for distal radial fractures. (Handoll-Cochrane, 2002) For arthritic hands, there is no significant benefit from therapeutic ultrasound for all the outcomes measured after 1, 2 or 3 week(s) of treatment. (Robinson-Cochrane, 2002) In this RCT, adding ultrasound therapy to splinting was not superior to splinting alone." In this case, the progress reports are handwritten and not very legible. As per ODG guidelines, ultrasound procedure is not recommended for therapeutic purposes but it can help detect tendon injuries accurately. The patient suffers from pain in the right wrist and has also been diagnosed with right CT syndrome and bilateral wrist strain/sprain. However, the treater does not elaborate the purpose of the ultrasound. The reports lack the documentation required to make a determination, and hence, IS NOT medically necessary.

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The 43 year old patient presents with pain in wrists, right greater than left, that worsens with repetitive use, as per progress report dated 12/01/14. The request is for EMG/NCV OF THE RIGHT UPPER EXTREMITY. The RFA for the report is dated 12/01/14,

and the patient's date of injury 06/07/13. In the same progress report dated 12/01/14, the patient also complains of low back pain on the right along with spasms and throbbing. The pain is rated at 6/10 with medications and 8/10 without medications. Diagnoses, as per the same report, includes cervical sprain/strain, lumbar sprain/strain, bilateral shoulder strain, bilateral wrist strain/sprain, right CT syndrome, right knee pain, and bilateral plantar fasciitis. The patient has been allowed to return to modified work, as per the same report. For EMG, ACOEM Guidelines page 303 states Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter do not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, the progress reports are handwritten and not very legible. The patient suffers from pain in the right wrist and has also been diagnosed with right CT syndrome. The progress reports do not document prior EMG/NCV studies. However, the UR letter states that the patient underwent the electrodiagnostic study for upper right extremity on 09/23/13 which revealed normal EMG and mild bilateral CTS. There is no evidence to contradict the UR contention. Guidelines support repeat studies only when the original EMG/NCV is negative. In this case, a diagnosis for CTS is noted, hence the request IS NOT medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 43 year old patient presents with pain in wrists, right greater than left, that worsens with repetitive use, as per progress report dated 12/01/14. The request is for FEXMID 7.5 mg # 60. The RFA for the report is dated 12/01/14, and the patient's date of injury 06/07/13. In the same progress report dated 12/01/14, the patient also complains of low back pain on the right along with spasms and throbbing. The pain is rated at 6/10 with medications and 8/10 without medications. Diagnoses, as per the same report, includes cervical sprain/strain, lumbar sprain/strain, bilateral shoulder strain, bilateral wrist strain/sprain, right CT syndrome, right knee pain, and bilateral plantar fasciitis. Medications include Motrin and Fexmid. The patient has been allowed to return to modified work, as per the same report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, and Fexmid generic available): Recommended for a short course of therapy."In

this case, the progress reports are handwritten and not very legible. A prescription for Fexmid is noted in progress report dated 12/01/14. It is not clear if this the first prescription for the medication or if the patient has had the muscle relaxant before. The UR letter, however, states that efficacy diminishes over time and prolonged use may lead to dependence. The treater does not document any improvement in pain or function. MTUS only recommends short-term use of muscle relaxants, hence, this request IS NOT medically necessary.