

Case Number:	CM15-0002986		
Date Assigned:	01/14/2015	Date of Injury:	09/11/2014
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
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, Arizona

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 reported injury on 04/17/2007. The mechanism of injury was cumulative trauma. Prior therapies included physical therapy and epidural injections. A Request for Authorization form was submitted for review dated 10/13/2014. The documentation of 10/13/2014 revealed the injured worker had subjective complaints of neck pain radiating to the upper extremities, bilateral shoulder pain, bilateral elbow/forearm/wrist/hand pain with numbness and tingling radiating to all fingers and mid back pain and low back pain. The low back pain was noted to radiate to the left lower extremity. The physical examination revealed the injured worker had tenderness to palpation and muscle guarding over the paraspinal musculature and upper trapezius muscle, left worse than right. The axial compression test and Spurling's maneuver elicited increased neck pain, and was absent radiating arm pain. The injured worker had decreased range of motion of the cervical spine. The injured worker had tenderness to palpation and muscle guarding over the upper trapezius muscles, parascapular region and interscapular muscles, left worse than right. The injured worker had tenderness to palpation over the subacromial region, supraspinatus tendons, and acromioclavicular joints. The impingement tests and cross arm tests were positive bilaterally. The examination of the elbows revealed no evidence of swelling or atrophy or deformity. There was tenderness to palpation over the lateral epicondyles and to a lesser extent over the medial epicondyle, right worse than left. There was subluxation of the ulnar nerve at the ulnar groove upon palpation bilaterally. The Tinel's and the bent elbow tests were positive bilaterally for paresthesias extending into the ulnar nerve distribution. The Cozen's and reverse Cozen's tests were positive bilaterally for

increased pain in the lateral and medial epicondyles. The injured worker had decreased range of motion of the bilateral elbows. The injured worker had decreased range of motion of the bilateral wrists. The injured worker had decreased range of motion in the thoracolumbar spine. Sensation in the bilateral upper extremities was decreased over the ulnar and median nerve distribution. Sensation to pinprick and light touch in the left lower extremity was decreased over the L5 and S1 nerve root distributions. The injured worker had positive findings of the cross adductor test, 2 beats of clonus and a positive Hoffman's sign. The injured worker was ambulating with a slow gait. The injured worker underwent x-rays of the bilateral shoulders which revealed normal alignment without evidence of degenerative changes or soft tissue abnormalities, lumbar spine films revealed straightening of the normal lordotic curvature with sacralization at L5-S1 on the right. Diagnoses included bilateral shoulder impingement/tendinitis/bursitis with attendant periscapular myofascial strain, cervical musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis, bilateral medial elbow medial and lateral epicondylitis with cubital tunnel syndrome, bilateral forearm/wrist flexor and extensor tenosynovitis with carpal tunnel syndrome, bilateral wrist de Quervain's tenosynovitis, thoracic musculoligamentous sprain/strain, and lumbosacral musculoligamentous sprain/strain with attendant left lower extremity radiculitis. The treatment plan included Fexmid 7.5 mg 1 tablet 2 times per day #60, and a course of physical therapy 3 times a week for 4 weeks for the neck, shoulders, elbows, wrists, and mid and low back with hopes of increasing range of motion and strength and decreasing pain and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound study of the bilateral elbows: 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), Elbow Chapter, Ultrasound Diagnostic

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

Decision rationale: The Official Disability Guidelines indicate that an ultrasound is appropriate if there is chronic elbow pain and there is suspicion of nerve entrapment or mass and plain films are nondiagnostic. The clinical documentation submitted for review indicated the injured worker had subluxation of the ulnar nerve at the ulnar groove upon palpation bilaterally. However, there is a lack of documentation of non-diagnostic plain films. Given the above, the request for ultrasound of the bilateral elbows is not medically necessary.

Physical therapy 3 times a week for 4 weeks for the neck, shoulders, elbows, wrists, and mid/low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for injured workers up to 10 visits for radiculitis, myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had objective findings upon evaluation of decreased range of motion. However, the documentation indicated the date of injury was 04/17/2007. There was a lack of documentation indicating the prior therapies that had been attended and whether the prior therapies treated the requested body parts. The request for 12 visits would be excessive. Given the above, the request for physical therapy 3 times a week for 4 weeks for the neck, shoulders, elbows, wrists, and mid/low back is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain), Antispasmodics.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide documentation of the duration of use. The request as submitted failed to indicate the frequency for the requested medication. The request for 60 tablets would exceed guideline recommendations of 3 weeks. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Fexmid 7.5 mg #60 is not medically necessary.