

Case Number:	CM15-0106741		
Date Assigned:	06/11/2015	Date of Injury:	12/21/2001
Decision Date:	09/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old woman sustained an industrial injury on 12/21/2001. The mechanism of injury is not detailed. Diagnoses include bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, bilateral epicondylitis, and bilateral hand tenosynovitis. Treatment has included oral and topical medications and physical therapy. Physician notes dated 4/20/2015 show complaints of bilateral shoulder pain with radiation down the left side of the neck. Recommendations include continue the current medication regimen including Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, Cyclobenzaprine cream, Norco, physical therapy, platelet rich plasma injection to the left shoulder and right lateral epicondyle, carpal tunnel release, urine drug screen, and follow up in six weeks. Documentation from 11/7/14 notes that the patient had been approved for 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma (PRP) injection to the Left Shoulder, as an outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter platelet rich plasma.

Decision rationale: The patient is a 57 year old female with documented chronic pain of the bilateral shoulders with evidence of bilateral shoulder impingement syndrome. A request had been made for PRP injection to the left shoulder. ODG addresses PRP injections: Platelet rich plasma is currently under study. However, PRP injections may be used for augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. As the patient is not documented to have evidence for a large rotator cuff tear, PRP use is not medically necessary. An extensive conservative management program should be exhausted including possible steroid injection.

Physical therapy sessions to the Right Shoulder, 6 sessions, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient is a 57 year old female with documented bilateral shoulder impingement syndrome who is noted to have previously undergone arthroscopic treatment. Due to her chronic pain, she was noted to have begun physical therapy with qualitative documented improvement in her pain but not quantitative. However, based on the medical records reviewed, it is unclear how many visits she has attended (if there are still remaining authorized visits) and if she had been instructed on a home exercise program. Therefore, further physical therapy is not medically necessary, until this has been documented. From chronic pain treatment guidelines, physical medicine, Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.

Physical Therapy session to the Left Shoulder, 6 sessions, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient is a 57 year old female with documented bilateral shoulder impingement syndrome who is noted to have previously undergone arthroscopic treatment. Due to her chronic pain, she was noted to have begun physical therapy with qualitative documented improvement in her pain but not quantitative. However, based on the medical records reviewed, it is unclear how many visits she has attended (if there are still remaining authorized visits) and if she had been instructed on a home exercise program. Therefore, further physical therapy is not medically necessary, until this has been documented. From chronic pain treatment guidelines, physical medicine, Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.

Left Wrist Carpal Tunnel Release, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 57 year old female with signs and symptoms of a possible left carpal tunnel syndrome. However, conservative management to include splinting and consideration for a steroid injection to facilitate the diagnosis has not been documented. In addition, the diagnosis has not been supported by electrodiagnostic studies. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, left carpal tunnel release is not medically necessary.

Urine Toxicology Testing, using high complexity lab testing protocols including GC/MS (Gas chromatography-Mass spectrometry), LC/MS (Liquid chromatography-Mass spectrometry) and Elisa technology for medication compliance, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

Decision rationale: The patient is a 57 year old female with documentation of chronic pain and is noted to be taking narcotics. As the patient has been on the narcotics chronically and still has chronic pain, a urine toxicology screen can help to avoid misuse/addiction as recommended on page 94: Opioids, steps to avoid misuse/addiction; Frequent random urine toxicology screens. As a recent urine toxicology screen does not appear to have been performed, it should be considered medically necessary. The UR states that urine drug screens are supported when there is chronic opioid use. 'There is nothing in the progress notes to suggest any such factors.' The medical documentation provided for this review, noted a chronic use of opioids. Thus, this concern has been addressed. The request is medically necessary.