

Case Number:	CM15-0108142		
Date Assigned:	06/16/2015	Date of Injury:	02/08/2012
Decision Date:	08/24/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female, who sustained an industrial injury on February 8, 2012. She reported symptoms in her bilateral upper extremities. Treatment to date has included medications, orthotics, and ergonomic changes to the workstation, EMG/NCV of the bilateral upper extremities, physical therapy, and ice/heat therapy and work restrictions. Currently, the injured worker complains of left elbow, wrist and thumb pain with tingling in the hands. She reports sharp pain in the thumb and a shock feeling in between the shoulders and elbow. She reports shoulder discomfort and her right side has increased in symptoms but not as much as the left. On physical examination she has a positive Finkelstein's test of the left wrist. The diagnoses associated with the request include overuse syndrome of the bilateral upper extremities, medial and lateral epicondylitis of the left elbow, cubital tunnel syndrome of the bilateral elbows, de Quervain's tendinitis of the left wrist, and carpal tunnel syndrome of the left wrist, carpometacarpal joint inflammation of the bilateral thumbs and stenosing tenosynovitis of the bilateral thumbs. The treatment plan includes 8 sessions of physical therapy, Naproxen, Tramadol, and wrist immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for four weeks, body regions not specified: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on February 8, 2012. The medical records provided indicate the diagnosis of overuse syndrome of the bilateral upper extremities, medial and lateral epicondylitis of the left elbow, cubital tunnel syndrome of the bilateral elbows, de Quervain's tendinitis of the left wrist, and carpal tunnel syndrome of the left wrist, carpometacarpal joint inflammation of the bilateral thumbs and stenosing tenovaginitis of the bilateral thumbs. Treatments have included medications, orthotics, ergonomic changes to the workstation, EMG/NCV of the bilateral upper extremities, physical therapy, and ice/heat therapy and work restrictions. The medical records provided for review do not indicate a medical necessity for Physical Therapy, twice a week for four weeks, body regions not specified. The MTUS chronic pain treatment recommends the a fading of treatment frequency (from up to 3 visits per week to 1 or less for a total of ten visits, except for Reflex sympathetic dystrophy where the guidelines recommends up to 24 visits over 16 weeks), plus active self-directed home Physical Medicine. The medical records indicate the injured worker has had physical therapy in the past, but the outcome was not reported. Furthermore, the requested treatment exceeds the number allowed. Therefore, the request is not medically necessary.

Naproxen Sodium 550mg quantity 60 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on February 8, 2012. The medical records provided indicate the diagnosis of overuse syndrome of the bilateral upper extremities, medial and lateral epicondylitis of the left elbow, cubital tunnel syndrome of the bilateral elbows, de Quervain's tendinitis of the left wrist, and carpal tunnel syndrome of the left wrist, carpometacarpal joint inflammation of the bilateral thumbs and stenosing tenovaginitis of the bilateral thumbs. Treatments have included medications, orthotics, ergonomic changes to the workstation, EMG/NCV of the bilateral upper extremities, physical therapy, ice/heat therapy and work restrictions. The medical records provided for review do not indicate a medical necessity for Naproxen Sodium 550mg quantity 60 with five refills. Naproxen is an NSAID. The MTUS recommends the use of the lowest dose for the shortest period in patients with moderate to severe pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The medical records indicate she has been on this treatment since 2012, but there is not evidence of improvement, neither is there

evidence the injured worker is being monitored for blood count, liver and kidney functions. Therefore, the request is not medically necessary.

Tramadol 50mg quantity 200 with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on February 8, 2012. The medical records provided indicate the diagnosis of overuse syndrome of the bilateral upper extremities, medial and lateral epicondylitis of the left elbow, cubital tunnel syndrome of the bilateral elbows, de Quervain's tendinitis of the left wrist, and carpal tunnel syndrome of the left wrist, carpometacarpal joint inflammation of the bilateral thumbs and stenosing tenovaginitis of the bilateral thumbs. Treatments have included medications, orthotics, and ergonomic changes to the workstation, EMG/NCV of the bilateral upper extremities, physical therapy, and ice/heat therapy and work restrictions. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg quantity 200 with four refills. Tramadol is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend long-term use of opioids for treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this medication at least since 11/2012, but with no overall improvement. The records reviewed do not indicate the injured worker is properly monitored for pain control, activities of daily living, aberrant behavior. Also, there is no indication that the injured workers pain and functional improvement scores are being monitored on numerical scale and compared with baseline values every six months as recommended by the MTUS. Therefore, the request is not medically necessary.

Wrist/thumb immobilizer: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265; 272.

Decision rationale: The injured worker sustained a work related injury on February 8, 2012. The medical records provided indicate the diagnosis of overuse syndrome of the bilateral upper extremities, medial and lateral epicondylitis of the left elbow, cubital tunnel syndrome of the bilateral elbows, de Quervain's tendinitis of the left wrist, and carpal tunnel syndrome of the left wrist, carpometacarpal joint inflammation of the bilateral thumbs and stenosing

tenovaginitis of the bilateral thumbs. Treatments have included medications, orthotics, ergonomic changes to the workstation, EMG/NCV of the bilateral upper extremities, physical therapy, ice/heat therapy and work restrictions. The medical records provided for review do indicate a medical necessity for Wrist/thumb immobilizer. The MTUS recommends immobilization of the wrist/hand as an option in the treatment of de Quervain's tendinitis, carpal tunnel syndrome and epicondylalgia. Therefore, the request is medically necessary.