

Case Number:	CM15-0136773		
Date Assigned:	07/24/2015	Date of Injury:	07/08/2014
Decision Date:	09/16/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/14/2015

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: Connecticut, California, Virginia
 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 27-year-old female, who sustained an industrial injury on 7/8/14. The injured worker has complaints of neck pain and depression. The documentation noted that there is pain laterally on her elbow, wrist, tenderness, tightness and spasm on the cervical with decreased motion and a painful arc. The documentation noted that there is tenderness and tightness of the cervical spine and tenderness of the thoracic and scapular region. The documentation noted that there is tenderness laterally of the epicondyle and against resistive movement. The diagnoses have included cervical strain; right elbow epicondylitis; tendonitis right upper extremity and suspect radiculopathy. Treatment to date has included cortisone injections to her wrist; compounding cream; anti-inflammatory and gabapentin. The request was for complete blood count; sedimentation rate; SMA20 (comprehensive metabolic panel); rheumatoid arthritis; transcutaneous electrical nerve stimulation unit for rental 2 months and magnetic resonance imaging (MRI) of right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: In this case, the requested labs would be appropriate as part of a rheumatologic workup but are unlikely to be appropriate under compensation as a part of this musculoskeletal claim. Some of the requested labs may be appropriate in preparation for surgery, etc., however, without clear indication for operative intervention, preoperative work-up is not clinically necessary at this time. Should operative management be the appropriate decision, supported by exam findings and imaging studies, some labs may be an appropriate request in preparation for surgery. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, and uncertainty as to the justification for starting a partial rheumatologic work-up in a work-related injury case, the requested labs are not considered medically necessary.

Sedimentation rate: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: In this case, the requested labs would be appropriate as part of a rheumatologic workup but are unlikely to be appropriate under compensation as a part of this musculoskeletal claim. Some of the requested labs may be appropriate in preparation for surgery, etc., however, without clear indication for operative intervention, preoperative work-up is not clinically necessary at this time. Should operative management be the appropriate decision, supported by exam findings and imaging studies, some labs may be an appropriate request in preparation for surgery. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, and uncertainty as to the justification for starting a partial rheumatologic work-up in a work-related injury case, the requested labs are not considered medically necessary.

SMA20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: In this case, the requested labs would be appropriate as part of a rheumatologic workup but are unlikely to be appropriate under compensation as a part of this musculoskeletal claim. Some of the requested labs may be appropriate in preparation for surgery, etc., however, without clear indication for operative intervention, preoperative work-up is not clinically necessary at this time. Should operative management be the appropriate decision, supported by exam findings and imaging studies, some labs may be an appropriate request in preparation for surgery. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, and uncertainty as to the justification for starting a partial rheumatologic work-up in a work-related injury case, the requested labs are not considered medically necessary.

R.A.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: In this case, the requested labs would be appropriate as part of a rheumatologic workup but are unlikely to be appropriate under compensation as a part of this musculoskeletal claim. Some of the requested labs may be appropriate in preparation for surgery, etc., however, without clear indication for operative intervention, preoperative work-up is not clinically necessary at this time. Should operative management be the appropriate decision, supported by exam findings and imaging studies, some labs may be an appropriate request in preparation for surgery. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, and uncertainty as to the justification for starting a partial rheumatologic work-up in a work-related injury case, the requested labs are not considered medically necessary.

TENS Unit for Rental 2 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: With respect to chronic pain and according to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case, TENS rental has been requested for a time period in excess of the guidelines standard rental of one month without justification. Therefore, at this time and based on the provided records, the request for TENS for five months cannot be considered medically necessary.

MRI of Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm wrist and hand, MRI.

Decision rationale: MRI is recommended for acute hand or wrist trauma in which radiographs are normal and fracture is suspected or if wrist pain is chronic in order to rule out suspected tumor. In this case there is little evidence to warrant MRI for wrist complaints without specific neurologic deficits on exam warranting further study with MRI. The patient does not appear to be carrying a diagnosis for which MRI is not clearly indicated. Additionally, many papers dispute the value of MRI for ligamentous tears because arthroscopy is both diagnostic and therapeutic in such cases. Given the lack of evidence to support MRI in this case, based on the provided records, the request cannot be considered medically necessary at this time.