

Case Number:	CM15-0168320		
Date Assigned:	09/14/2015	Date of Injury:	02/28/2012
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old female, who sustained an industrial injury on February 28, 2012. The injured worker was diagnosed as having right de Quervain's, left de Quervain's disease, left carpal tunnel syndrome, right carpal tunnel syndrome, right wrist sprains and strain, bilateral shoulder sprain and strain, bilateral shoulder internal derangement, and left wrist sprain and strain. Treatment and diagnostic studies to date has included medication regimen, acupuncture, toxicology testing, and electromyogram with nerve conduction velocity of the cervical spine and upper extremities. In a progress note dated June 04, 2015 the treating physician reports complaints of dull, achy, throbbing, stabbing pain to the bilateral wrists with swelling, numbness, and tingling. Examination from June 04, 2015 noted swelling, spasm, tenderness, decreased range of motion, and weakness to the bilateral shoulders. The injured worker's pain level was rated a 6 on a scale of 0 to 10 on this June 04, 2015 visit. On March 16, 2015 the treating physician reported sharp, stabbing, pain to the bilateral wrists with numbness and tingling radiating to the fingers, and constant, "moderate", sharp pain to the bilateral shoulder with stiffness. Examination from March 16, 2015 was revealing for tenderness to the bilateral wrists, positive Tinel's, Finkelstein's, and reverse Phalen's testing to the right wrist, positive reverse Phalen's and Tinel's testing to the left wrist, tenderness to the bilateral shoulders, decreased range of motion to the bilateral shoulders, and positive cross arm and empty can testing. The injured worker's pain level was rated a 7 out of 10 to the bilateral wrists and a 6 out of 10 to the bilateral shoulders on March 16, 2015. Electromyogram with nerve conduction velocity report of the cervical spine and the upper extremities was performed on

May 12, 2015 that was revealing for a "normal electromyogram of the cervical spine and the upper extremity" with "no acute or chronic potentials" of any of the muscles tested and the nerve conduction velocity was noted to be "abnormal" of the upper extremities with "evidence of moderate carpal tunnel syndrome". The medical records provided contained at least seven prior acupuncture progress reports, but the documentation from the acupuncture progress note dated June 26, 2015 did not indicate if the injured worker experienced any functional improvement from acupuncture therapy. The progress note from January 29, 2015 noted a request for chiropractic therapy, but the documentation provided did not indicate if prior chiropractic therapy was performed. On January 29, 2015, the injured worker's medication regimen included topical creams. On March 16, 2015 the treating physician requested a reference to a urine analysis; VsNCT (voltage- actuated sensory nerve conduction threshold) for the left shoulder, right shoulder, left wrist and right wrist; and chiropractic therapy 1 time a week for 6 weeks (6 visits), but the documentation did not indicate the specific reasons for the requested studies and therapies. On July 24, 2015, the Utilization Review determined the request for a referral for a urine analysis, VsNCT (voltage- actuated sensory nerve conduction threshold) for the left shoulder, right shoulder, left wrist, and right wrist, and chiropractic therapy one time a week for six weeks for a total of six sessions to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for bilateral wrist and shoulder pain. When this request was made, pain was rated at 6-7/10. Physical examination findings included a BMI of over 32. There was wrist tenderness with positive Tinel's and Phalen's testing bilaterally and positive right Finkelstein's testing. There was decreased shoulder range of motion with tenderness and positive Empty Can and Cross Arm testing. Authorization was requested for urine drug testing, voltage sensory nerve current perception testing, and six sessions of chiropractic care for the shoulders and wrists. Topical medications were being prescribed. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. Therefore, urine drug screening was not medically necessary.

VsNCT (voltage-actuated sensory nerve conduction threshold) for the left shoulder, right shoulder, left wrist and right wrist: 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), Neck and Upper Back Chapter - Voltage actuated sensory nerve conduction (testing); Current perception threshold (CPT) testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Current perception threshold (CPT).

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for bilateral wrist and shoulder pain. When this request was made, pain was rated at 6-7/10. Physical examination findings included a BMI of over 32. There was wrist tenderness with positive Tinel's and Phalen's testing bilaterally and positive right Finkelstein's testing. There was decreased shoulder range of motion with tenderness and positive Empty Can and Cross Arm testing. Authorization was requested for urine drug testing, voltage sensory nerve current perception testing, and six sessions of chiropractic care for the shoulders and wrists. Topical medications were being prescribed. Current perception threshold testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The requested testing is not medically necessary.

Chiropractic therapy 1 time a week for 6 weeks (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), Manipulation (2) Shoulder (Acute & Chronic), Manipulation.

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for bilateral wrist and shoulder pain. When this request was made, pain was rated at 6-7/10. Physical examination findings included a BMI of over 32. There was wrist tenderness with positive Tinel's and Phalen's testing bilaterally and positive right Finkelstein's testing. There was decreased shoulder range of motion with tenderness and positive Empty Can and Cross Arm testing. Authorization was requested for urine drug testing, voltage sensory nerve current perception testing, and six sessions of chiropractic care for the shoulders and wrists. Topical medications were being prescribed. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm and is not recommended. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but chiropractic providers whose scope allows it routinely apply this procedure, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits without demonstrated objective progress towards functional restoration. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation and not medically necessary.