

<b>Case Number:</b>	CM15-0181562		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic 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 38 year old woman sustained an industrial injury on 3-31-2008. Diagnoses include right lateral epicondylitis, right ulnar nerve entrapment, right carpal tunnel syndrome, right De Quervain's disease, status post surgical intervention, sprain-strain of the shoulder, cervical spine herniated nucleus pulposus, and cervical spine sprain-strain. Treatment has included oral medications. Physician notes dated 8-11-2015 show complaints of right arm pain, right hand pain, left leg pain, and neck pain with radiation to the arm. the physical examination shows tenderness to palpation of the bilateral trapezius muscles with spasms, right shoulder range of motion noted to be flexion 150 degrees, extension 45 degrees, abduction 125 degrees, adduction 25 degrees, internal rotation 65 degrees, external rotation 70 degrees. Range of motion in the right elbow and wrist is normal. Cervical spine range of motion shows flexion 5 degrees, extension 40 degrees, bilateral lateral bending 40 degrees, and bilateral rotation 60 degrees. Recommendations include Prilosec, Motrin, bilateral shoulder x-rays, electromyogram and nerve conduction studies of the bilateral upper extremities, shockwave therapy, further surgical intervention, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right carpal tunnel release/de Quervain's release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records of electrodiagnostic evidence of carpal tunnel syndrome and a lack of evidence of failed bracing or injections. Therefore, the request is not medically necessary.

**Associated services: X-ray A/P (anterior/posterior) and lateral of the bilateral shoulders (2 x-rays):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** CA MTUS/ACOEM chapter 9, shoulder complaints, page 207 address the use of shoulder x-ray. They are recommended in the case of prolonged symptoms or the presence of red flag symptoms. In this case there is no trauma documented to warrant the requested x- rays. The request is not medically necessary.

**Associated services: Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94 and 95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, Opioids, steps to avoid misuse/addiction. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. In this case, there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. The request is not medically necessary.

**Associated services: Shockwave therapy; 1x per week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Elbow regarding extracorporeal shockwave therapy (ESWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shockwave therapy for the elbow. Per the ODG elbow, forearm and wrist section, extracorporeal shockwave therapy, ESWT is not recommended. As the guidelines, do not recommend ESWT. This request is not medically necessary.

**Associated services: EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In this case, there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records to warrant NCS or EMG. Therefore, the request is not medically necessary.