

Case Number:	CM15-0187670		
Date Assigned:	09/29/2015	Date of Injury:	12/26/2014
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/23/2015

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

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:

This 57 year old female sustained an industrial injury on 12-26-14. Documentation indicated that the injured worker was receiving treatment for shoulder pain with a long head biceps rupture. The injured worker underwent long head repair on 12-31-14. The injured worker received postoperative physical therapy and medications. Magnetic resonance imaging right upper extremity (7-14-15) showed persistent long head biceps tendon rupture. In a PR-2 dated 7-29-15, the injured worker complained of weakness and numbness to the right Physical exam was remarkable for "positive Phalen's." The treatment plan included continuing physical therapy and Motrin. In a PR-2 dated 8-21-15, the injured worker reported right upper extremity numbness and tingling. The remaining documentation was difficult to decipher. The treatment plan included a new prescription for Ultracet, appealing denial for additional physical therapy and requesting authorization for right upper extremity electromyography and nerve conduction velocity test. On 9-3-15, Utilization Review noncertified a request for Ultracet 37.5-325mg #60 and right upper extremity electromyography and nerve conduction velocity test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 #60: 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, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Tramadol-Ultracet.

Decision rationale: MTUS Guidelines have very specific standards to justify the use of opioid medications. Before initiating opioids basic screening for misuse potential and documentation of prior experience with opioids is recommended, this documentation is not provided in the records. There is no reporting of pain levels, risk factors of misuse or prior history of misuse. In addition, updated ODG Guidelines recommend that Ultracet be utilized for acute pain only. There are no unusual circumstances to justify an exception to Guidelines. The Ultracet 37.5/375 #60 is not medically necessary.

EMG/ NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and wrist/Electrodiagnostic studiesCarpal Tunnel/Electrodiagnostic studies.

Decision rationale: Guidelines recommend the presence of specific signs and symptoms to justify both EMG and Nerve Conduction studies. These recommended signs and symptoms are not documented to be present. The treating physician notes that Phalen's is positive, but this is the only finding noted. No cervical complaints or cervical exam findings are documented. The treating physical therapist provides additional details stated that fingers 2-4 or 5 go numb with driving or writing and that there is a positive Tinel's and Phalen's. No cervical complaints noted and Spurling's test is reported to be negative. Based on these medical findings Nerve Conduction studies may be consistent with Guidelines, however the addition of EMG studies is not considered medically necessary unless there is reasonable evidence of a cervical radiculopathy, which not documented to be a concern. Under the circumstances, both the EMG and NCV right upper extremity is not medically necessary.