

Case Number:	CM15-0192908		
Date Assigned:	10/07/2015	Date of Injury:	08/30/2011
Decision Date:	12/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/01/2015

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: Minnesota, Florida
 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:

The injured worker is a 39 year old female who sustained an industrial injury August 30, 2011. There are no x-ray or MRI reports present in the medical record. Diagnosis is documented as bilateral carpal tunnel syndrome. A primary treating physician's progress report dated July 3, 2015 is similar to August 11, 2015. According to a handwritten primary treating physician's report dated August 11, 2015, the injured worker presented with complaints of hand pain and swelling, and tenderness of the wrists with pain radiating into the right shoulder. The pain interferes with sleep. Objective findings included; no gross instability, no acute neuro changes; no acute lymphatic changes. Some handwritten notes are difficult to decipher. The physician documented that x-rays were performed; left and right wrist, left hand, left forearm, and reveal no acute change. At issue, is the request for authorization for Lidocaine patch, MRI C-T spine, MRI right shoulder, and right shoulder arthroscopy. According to utilization review dated September 14, 2015, the requests for ibuprofen 600mg BID (twice per day) #60, x-rays of the right and left wrists, left hand, and left forearm were certified. The requests for right shoulder arthroscopy, MRI of the right shoulder, MRI of the C-t Spine, and Lidocaine were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: With regard to the request for right shoulder arthroscopy, California MTUS guidelines indicate surgical considerations for red flag conditions such as an acute rotator cuff tear in a young worker, activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Surgical considerations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. In this case, the injured worker complains of right hand and wrist pain radiating up into the shoulder. The documentation provided does not indicate any physical findings in the shoulder such as evidence of impingement, rotator cuff tear, or loss of motion. No red flag conditions pertaining to the shoulder joint are listed. The diagnosis is carpal tunnel syndrome and flexor tenosynovitis of right thumb and index finger and forearm. In the absence of objective findings pertaining to the shoulder joint, MRI scan of the shoulder is not supported. In the absence of a surgical lesion, arthroscopy is also not indicated. As such, the medical necessity of the requested right shoulder arthroscopy is not supported.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: With regard to the request for MRI scan of the right shoulder, California MTUS guidelines indicate the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult such as shoulder pain with weakness from a massive rotator cuff tear, failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. In this case none of the above criteria have been met. As such, the request for an MRI scan of the shoulder is not supported and the medical necessity of the request has not been substantiated.

MRI C-T Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiography; Low Back, Computed tomography.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: With regard to the request for a cervical MRI scan, California MTUS guidelines recommend conservative care for cervical and thoracic symptoms in most patients unless there is no improvement after 3-4 weeks or if any red flag conditions develop. The criteria for ordering imaging studies for the cervical spine include neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Magnetic resonance imaging is ordered for neural or other soft tissue and CT for bony structures. In this case there is no documentation of neck pain or cervical radiculopathy. There is no detailed physical examination of the cervical spine included. As such, the request for a cervical MRI is not supported and the medical necessity of the request has not been substantiated. With regard to the request for a thoracic MRI similar criteria apply. In this case there is no evidence of thoracic radiculopathy or symptoms suggesting pathology in the thoracic spine involving the neural structures. As such the request for a thoracic MRI is not supported and the medical necessity of the request has not been substantiated.

Lidocaine Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: California MTUS chronic pain guidelines indicate Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with gabapentin or Lyrica. The lidocaine patch is not a first line treatment and is only FDA approved for post herpetic neuralgia. As such, it is not recommended for the diagnosis of carpal tunnel syndrome and the medical necessity of the request has not been substantiated.