MAXIMUS Federal Services

Case Number:	CM15-0035184		
Date Assigned:	03/03/2015	Date of Injury:	10/15/2013
Decision Date:	05/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/24/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 (IW) is a 53 year old female who sustained an industrial injury on 10/15/2013. She has reported pain and weakness in both wrists and forearms right greater than left. At times the pain extended to the shoulder region. A feeling of numbness and tingling sometimes occurred in the hands. At times the worker had difficulty reaching over the shoulder, and had difficulty gripping, grasping and holding. Repetitive motions caused pain. Diagnoses include cervicothoracic myofascial pain secondary to work-related incident, work related hyperextension sprain/strain of the bilateral wrists, and lateral epicondylitis of the right elbow. Treatment to date include: medication management, 16 sessions of physical therapy and 6 sessions of myofascial treatment. A progress note from the treating provider dated 01/14/2015 indicates there was minimal tenderness over the volar and dorsal aspect of the bilateral forearms, and mild tenderness over the lateral epicondyle of the right elbow. There was tenderness in the bilateral trapezius lateral cervical muscles. Both areas show improvement from prior exams. An MRI done 04/11/2014 revealed non-specific synovitis with small longitudinal split in the extensor carpi ulnaris. There was dome degenerative tearing in the central membranous section of the scaphalunate ligament and some degenerative changes in the triangular fibrocartilage. An MRI of the left wrist revealed degenerative tears of the triangular fibrocartilage and scaphalunate ligament with synovitis and tendinopathy of the extensor carpi ulnaris. Treatment plan included recommendation of 6-8 additional sessions of myofascial treatment and massage, continue to use medications of hydrocodone, and diclofenac. The IW was recommended to receive a corticosteroid injection in the right lateral epicondyle and does not want to receive it, so the

request was withdrawn. The worker will continue regular duty. On 01/21/2015 Utilization Review non-certified a request for Corticosteroid injections right lateral epicondyle. The MTUS Guidelines were cited. On 01/21/2015 Utilization Review non-certified a request for Diclofenac 50mg. The MTUS Guidelines were cited. On 01/21/2015 Utilization Review non-certified a request for Ibuprofen 800mg. The MTUS Guidelines were cited. On 01/21/2015 Utilization Review non-certified a request for Myofascial massages QTY: 8.00. The MTUS Guidelines were cited. On 01/21/2015 Utilization Review non-certified a request for Widget wrist support QTY: 2.00. Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Widget wrist support QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter: Splints.

Decision rationale: The ODG states that wrist splints are recommended for treating displaced fractures. Immobilization is the standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Splints used for prolonged immobilization should be robust enough for everyday use, A small splint for pain relief during the day combined with a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen. There is no specific indication for the requested widget wrist support. This specific support is not supported by the guidelines in terms of sprain/strain injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Myofascial massages QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

Decision rationale: The CA MTUS Guidelines recommend massage an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case there has been indication of previous massage therapy but no report of objective measures of functional benefit directly attributed to myofascial massage to support repeat treatment. There is no specific indication for the requested 8 massage

treatments. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Corticosteroid injections right lateral epicondyle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The CA MTUS/ACOEM states that corticosteroid injections are indicated for the treatment of epicondylitis if there is a reported failure of conservative treatment for 4 to 6 weeks, including formalized physical therapy, use of home exercise program, +/or medication management. Corticosteroid injections have been shown to be effective, at least in the short term; however the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups. In this case, there is no documentation of a failure of conservative therapy as outlined in the guidelines. Medical necessity for the requested injection has not been established. The requested injection is not medically necessary.

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Motrin is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. Medical necessity of the requested medication, Motrin 800mg, has not been established. The request for this medication is not medically necessary.

Diclofenac 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac, are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. In this case, there is no documentation of functional benefit in the past. In addition, there is no indication for 2 requested NSAIDs (Ibuprofen and Diclofenac). Medical necessity for the requested medication has not been established. The requested item is not medically necessary.