

Case Number:	CM15-0042838		
Date Assigned:	04/10/2015	Date of Injury:	03/14/2010
Decision Date:	05/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: Orthopedic Surgery, Sports 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:

The injured worker is a 48-year-old female who sustained an industrial injury on 03/14/2010. Diagnoses include discogenic lumbar and cervical condition, impingement syndrome of the right shoulder, internal derangement of the left knee, bilateral carpal tunnel syndrome, chronic pain syndrome, depression, and sleep disorder. Treatment to date has included medications, Hyalgan knee injections, bracing and epidural steroid injections. Diagnostics performed to date included electrodiagnostic testing, x-rays, urine drug screens, and MRIs. According to the progress notes dated 02/02/2015, the injured worker presented for a follow-up evaluation regarding injury to her neck, wrists, knees, right shoulder, and psyche. On examination, there was a positive Tinel's sign at the wrists with positive cross arm test at the right shoulder. A request was made for arthroscopic decompression of the right shoulder; two carpal tunnel braces; Flexeril; Neurontin; Norco; interferential or muscle stimulator with conductive garment; a physiatrist consultation; fluoroscopic evaluation of both wrists and the neck; five Hyalgan injections of the right knee; one urine drug screen 10 panel; a psychiatry consultation and associated surgical services: labs, CBC, comprehensive metabolic panel and urinalysis to address the current issues associated with her industrial injury. A Request for Authorization Form was then submitted on 02/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 arthroscopic decompression of the shoulder on the right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. According to the documentation provided, the injured worker underwent an MRI of the right shoulder, which revealed a partial tear of the rotator cuff. However, the official imaging study was not provided for this review. A comprehensive physical examination of the right shoulder was not provided on the requesting date. Given the above, the request is not medically necessary.

2 carpal tunnel braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day depending upon activity. The injured worker does have evidence of a positive Tinel's sign at the wrist as well as aberrant 2 point discrimination with positive Phalen's and reverse Phalen's tests. However, the physical examination was not specific to the left or right wrist. The physician indicated the injured worker had bilateral carpal tunnel syndrome. However, the injured worker was issued authorization for wrist braces in 01/2014. The medical necessity for additional carpal tunnel braces has not been established in this case. Therefore, the request is not medically necessary.

60 Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations.

Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The request as submitted failed to indicate a specific frequency. Given the above, this request is not medically necessary.

90 Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state Neurontin is recommended for the treatment of neuropathic pain. In this case, the injured worker does not maintain a diagnosis of neuropathy. There was no indication of neuropathic pain or peripheral neuropathy upon examination. The medical necessity for the requested medication has not been established in this case. There was also no frequency listed in the request. As such, this request is not medically necessary.

60 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized Norco 10/325 mg since at least 09/2014. There was no documentation of objective functional improvement. The injured worker continued to present with persistent pain over multiple areas of the body. There was also frequency listed in the request. Given the above, this request is not medically necessary.

IF or muscle stimulator with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work,

exercise, and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. There was no documentation of an exhaustion of conservative management to include TENS therapy prior to the request for an interferential current stimulator unit. In addition, there was no evidence of a successful 1-month trial prior to the request for a unit purchase. Given the above, this request is not medically necessary.

1 psychiatry consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker has been issued authorization for a prior psychiatrist referral. The medical necessity for an additional consultation has not been established in this case. Therefore, this request is not medically necessary.

1 fluoroscopy evaluation of both wrists and neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rubin DA, Weissman BN, Appel M, Arnold E, Bencardino JT, Fries LB, Hayes CW, Hochman MG, Jaconbson JA, Luchs JS, Math KR, Murphey MD, Newman JS, Scharf SC, Small KM, Expert Panel on Musculoskeletal Imaging. ACR Appropriateness Criteria chronic wrist pain.[online publication]. Reston (VA): American College of Radiology (ACR); 2012. 13 p [92 references].

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a significant musculoskeletal or neurological deficit possibly involving the cervical spine. There were no clinical findings supportive of the need for this particular examination. As the medical necessity has not been established, this request is not medically appropriate.

5 Hyalgan injections to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. In this case, there was no documentation of a comprehensive physical examination of the right knee. There was no documentation of symptomatic severe osteoarthritis. There was also no evidence of a failure to respond to aspiration and injection of an intra-articular corticosteroid. Given the above, this request is not medically necessary.

1 urine drug screen 10 panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

1 psychiatry consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, it was noted that the injured worker was issued

authorization for a psychiatric consultation in 02/2015. The medical necessity for an additional consultation has not been established. As such, the request is not medically appropriate.

Associated surgical services: Labs; CBC, Comprehensive Metabolic Panel, Urinalysis:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.