

Case Number:	CM15-0080683		
Date Assigned:	05/01/2015	Date of Injury:	12/31/2013
Decision Date:	08/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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

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 49 year old female, who sustained an industrial injury on 12/31/2013. On provider visit dated 02/05/2015 the injured worker has reported neck pain, mid upper back pain, right shoulder/arm pain and bilateral wrist pain. On examination, tenderness was noted on neck, mid/upper back, lower back, right shoulder and bilateral wrist. Range of motion was decreased at neck, lower back and right shoulder. Positive cervical compress, straight leg raise, Tinel's signs, and Phalen's sign were noted. The diagnoses have included cervical musculoligamentous strain/sprain with radiculitis, bilateral wrist sprain, right shoulder sprain, bilateral carpal tunnel syndrome, thoracic musculoligamentous strain/sprain with radiculitis, lumbar spine disc protrusion and lumbosacral spine musculoligamentous strain/sprain with radiculitis. Treatment to date has included electromyogram, MRI and medication. The provider requested left carpal tunnel release, 8 sessions of chiropractic therapy for bilateral wrists, cervical, thoracic and lumbar, and right shoulder, post op physical therapy for left wrist and compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Web based version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate 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 from 2/5/15 of failed bracing or injections in the records. Therefore, the determination is not medically necessary.

8 sessions of post op physical therapy for left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Compound cream: Flurbi (NAP) cream, LA (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%) 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112, largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the determination is not medically necessary.

Compound cream: Gabacloctram (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) 180grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112, largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the determination is not medically necessary.

8 sessions of chiro for cervical, thoracic & lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. In this case the request exceeds the 6 visits. Therefore, the determination is not medically necessary.

8 sessions of chiro for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. In this case the request exceeds the 6 visits. Therefore the determination is not medically necessary.

8 sessions of chiro for bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. In this case the request exceeds the 6 visits. Therefore the determination is for not medically necessary.