

Case Number:	CM15-0087431		
Date Assigned:	05/11/2015	Date of Injury:	01/31/2011
Decision Date:	06/12/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on January 31, 2011. The mechanism of injury was not provided. The injured worker has been treated for left shoulder and left wrist complaints. The diagnoses have included left shoulder internal derangement, left shoulder pain, early adhesive capsulitis, left shoulder acromioclavicular joint arthrosis, bilateral carpal tunnel syndrome and left De Quervain's stenosing tenosynovitis. Treatment to date has included medications, radiological studies, injections, left carpal tunnel release surgery and two left shoulder surgeries. Current documentation dated March 3, 2015 notes that the injured worker reported left shoulder pain, stiffness, clicking and popping and left wrist pain with associated hand swelling and numbness. The pain was noted to be an eight out of ten on the visual analogue scale. Objective findings included a decreased and painful severe range of motion with tenderness of the acromioclavicular joint and anterior glenohumeral joint. The treating physician's plan of care included a request for a new thumb Spica splint, urine drug screen and a muscle and range of motion test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thumb Spica Splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand chapter - Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-273.

Decision rationale: The Occupational Medicine Practice Guidelines (p. 264-273) recommend limiting motion of inflamed structures with wrist and thumb splint for DeQuervain's Syndrome. It states, "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." This worker has been referred to a hand surgeon. Thumb spica splint is medically necessary and appropriate while awaiting surgical evaluation.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-96.

Decision rationale: Urine drug screening is recommended as an option in chronic pain management to assess for the use or the presence of illegal drugs. Specifically, urine drug screening should be considered to assess for the use or the presence of illegal drugs before initiating opioid treatment. During treatment, drug screening is indicated with issues of abuse, addiction or poor pain control. In this case there is no indication in the record for the purpose of the urine drug screen. There is no indication the worker is being prescribed opioids. There is also no documentation to indicate there was a plan to begin to prescribe opioids. There was also no rationale provided for screening for any non-opioid drugs. Therefore the request is not medically necessary.

Muscle & ROM (range of motion) Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand chapter - Computerized Range of Motion testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Flexibility.

Decision rationale: Neither the MTUS nor the ODG specifically address computerized range of motion testing of the upper extremities. The ODG does address computerized lumbar spine range of motion and states they do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers. Similarly, upper extremity range of motion

testing can be accomplished with a goniometer. Therefore this request is not medically necessary for computerized range of motion testing.