

Case Number:	CM13-0038853		
Date Assigned:	12/18/2013	Date of Injury:	12/13/2012
Decision Date:	02/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who reported a work-related injury on 12/13/2012 as the result of cumulative trauma due to repetitive motion. Subsequently, the patient presents for treatment of the following diagnoses: osteoarthritis localized primary, disorders of bursae and tendons in the shoulder region unspecified, and carpal tunnel syndrome. The clinical note dated 08/22/2013 reports the patient was seen under the care of [REDACTED], for an initial consultation. The provider documents the patient's course of treatment since status post a work-related injury. The provider documents the patient has utilized physical therapy, injection therapy, pain medications, stretching, paraffin wax, and electrical muscle stimulation. The provider documents upon physical exam of the patient's bilateral shoulders, range of motion testing revealed to the left flexion at 95 degrees, extension 35 degrees, abduction 95 degrees, adduction 38 degrees, internal rotation 75 degrees, and external rotation 75 degrees. Range of motion of the right shoulder was noted to be at 100 degrees of flexion, extension 35 degrees, abduction 100 degrees, adduction 38 degrees, internal rotation 75, and external rotation 75. The provider documented the patient presents with decreased sensation along the median nerve distributions from the forearm to digits 1 through 4, Tinel's testing was positive bilaterally, as well as Phalen's and Finkelstein's. The provider requested authorization to begin a conservative course of care to include physical therapy at a frequency of 2 times per week for 3 weeks directed to the cervical spine, right elbow, right shoulder, home OrthoStim 4 with glove attachment for pain control and better compliance of home stretching program, internal medicine consultation, right elbow epicondylar strap, and the following medication regimen: Norco, Neurontin, Fexmid, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow epicondylar strap: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the requested intervention at this point in the patient's treatment. The provider documents the patient presents with tenderness upon palpation of the right elbow; however, objective findings of functional deficits, or instability about the elbow were not evidenced. The Official Disability Guidelines indicate this intervention is recommended for epicondylitis, positive but limited evidence was noted. The provider documents as specific to the right elbow, the patient's diagnosis are right elbow pain. Given all the above, the request for Right elbow epicondylar strap is neither medically necessary nor appropriate.

Fexmid 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): 41-42.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review does not evidence a recent physical exam of the patient, or documentation from requesting provider [REDACTED] documenting the patient's reports of efficacy with her current medication regimen to include the requested medication. In addition, California MTUS indicates this medication is recommended as an option using a short course of therapy. Documentation of duration of use, efficacy of use as evidenced by decrease in rate of pain on a VAS scale and increase in objective functionality were not noted. Given all the above, the request for Fexmid 7.5mg is neither medically necessary nor appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The patient presents status post a work-related injury sustained in 12/2012. It is unclear when the patient last underwent a urine drug screen, or the specific rationale for a urine drug screen at this point in the patient's treatment. California MTUS indicates drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. Given that it is unclear if the patient has had aberrant behaviors, when the patient last underwent a urine drug screen, and the results of testing, the request for Urine drug screen is neither medically necessary nor appropriate.