

<b>Case Number:</b>	CM14-0112929		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/13/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Occupational 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 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/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:

This is a case of 60-year-old female who has submitted a claim for cervical spine sprain, rule out herniated nucleus pulposus and radiculitis/radiculopathy; left and right shoulder strain, rule out tendonitis, rotator cuff tear, impingement syndrome; sprain/strain, tendonitis, carpal tunnel syndrome, right hand with reported positive NVC/EMG; status post left carpal tunnel release; sprain of the right elbow, rule out lateral epicondylitis; associated with an industrial injury date of associated with an industrial injury date of CT: 04/20/1987 to 05/14/2013. Medical records from 2014 were reviewed and showed that the patient complained of persistent pain to her left wrist and hand area. Upon physical examination there is tenderness to palpation to the left wrist with a well-healed post carpal tunnel release scar noted at the volar aspect of the left wrist. Ranges of motion of the left wrist are normal but there is pain at end range. Treatment to date has included physical therapy and medications such as Anaprox, Prilosec and Ultram. She was advised carpal tunnel surgery. Utilization review dated 07/08/2014 modified the request for post-operative physical therapy from 2-3 sessions per for 6 weeks to 4 sessions total. According to MTUS, there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for CTS. The evidence may justify 3 to 5 visits over 4 weeks after surgery. In the same UR, the lab work chromatography quantitative (42 units) was denied because medical records submitted does not document that the patient has evidence of high risk of addiction, history of aberrant behavior, or has history of substance dependence or dose increases are not decreasing pain and increasing function and UDT is being considered in evaluating medication compliance and adherence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lab Work: Comprehensive Drug Panel/Chromatography, Quantitative (42 units): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, tools for risk stratification and monitoring, Urine Drug Testing.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient was requested comprehensive drug panel/ gas chromatography. However, the patient does not have any psychiatric co-morbidities, history of substance dependence, or any documentation of any aberrant behavior. She is currently not on any opioid or narcotic medications. Furthermore, the request for this test is not documented in the submitted medical records. The clinical indication for this test has not been clearly established. Therefore, the request for Retrospective request for Lab Work: Comprehensive Drug Panel/Chromatography, Quantitative (42 units) is not medically necessary.

**Post-operative Physical Therapy; two (2) times six (6) for left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** According to page 98 of the CA MTUS Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. CA MTUS Postsurgical Treatment Guidelines states that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to 3 to 8 visits over 3-5 weeks for post-

operatively for carpal tunnel release. The post-operative treatment period is up to 3 months. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. In this case, the patient is for mini-open carpal tunnel release of the left wrist and has requested 12 sessions of post-operative physical therapy. However, the guideline only recommends 3 to 8 visits over 3-5 weeks and that prolonged / additional therapy sessions seems unwarranted. Therefore, the request for Post-operative Physical Therapy; two (2) times six (6) for left wrist is not medically necessary.