

<b>Case Number:</b>	CM14-0127046		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 4/5/14 date of injury. At the time (5/29/14) of request for authorization for MRI of the Left Wrist, EMG of the Bilateral Upper Extremities, NCV of the Bilateral Upper Extremities, Retrospective Urine Drug Screen, DOS: 5/29/14, Monthly Urine Drug Screen, Physical Therapy for left shoulder, wrist and hand, 2 times 4, and Pantoprazole 20mg #60, there is documentation of subjective (left shoulder pain and left arm/wrist pain) and objective (decreased left shoulder range of motion with positive impingement signs; and decreased left arm/wrist range of motion with positive Tinel's sign) findings, current diagnoses (left shoulder impingement syndrome and left wrist strain), and treatment to date (at least 6 physical therapy sessions and ongoing therapy with Norco and Motrin). In addition, medical report identifies a request to continue medications and to start Naproxen and Protonix (pantoprazole) therapy. Regarding MRI of the Left Wrist, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which wrist/hand MRI is indicated (Significant persistent pain unresponsive to a trial of 4 weeks of conservative management). Regarding EMG of the Bilateral Upper Extremities and NCV of the Bilateral Upper Extremities, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Regarding Retrospective Urine Drug Screen, DOS: 5/29/14, there is no documentation of abuse, addiction, or poor pain control. Regarding Monthly Urine Drug Screen, there is no documentation of abuse, addiction, or poor pain control and that the patient is at "high risk" of adverse outcomes. Regarding Physical Therapy for left shoulder, wrist and hand, 2 times 4, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications

or medical services as a result of physical therapy provided to date. Regarding Pantoprazole 20mg #60, there is no documentation that Pantoprazole is being used as second-line therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Forearm, Wrist & Hand Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/hand Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which wrist/hand MRI is indicated (such as: Tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb)), as criteria necessary to support the medical necessity of wrist/hand MRI. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome and left wrist strain. However, despite documentation of subjective (left wrist pain) and objective (decreased left wrist range of motion with positive Tinel's sign) findings, and given documentation of a request to continue medications and an associated request for physical therapy to the left wrist/hand, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which wrist/hand MRI is indicated (significant persistent pain unresponsive to a trial of 4 weeks of conservative management). Therefore, based on guidelines and a review of the evidence, the request for MRI of the Left Wrist is not medically necessary.

#### **EMG of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 260. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Carpal Tunnel Syndrome Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome and left wrist strain. However, despite documentation of subjective (left shoulder pain and left arm/wrist pain) and objective (decreased left shoulder range of motion with positive impingement signs; and decreased left arm/wrist range of motion with positive Tinel's sign) findings, and given documentation of a request to continue medications and an associated request for physical therapy to the left upper extremity, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG of the Bilateral Upper Extremities is not medically necessary.

**NCV of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 260. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Carpal Tunnel Syndrome Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome and left wrist strain. However, despite documentation of subjective (left shoulder pain and left arm/wrist pain) and objective (decreased left shoulder range of motion with positive impingement signs; and decreased left arm/wrist range of motion with positive Tinel's sign) findings, and given documentation of a request to continue medications and an associated request for physical therapy to the left upper extremity, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCV of the Bilateral Upper Extremities is not medically necessary.

**Retrospective Urine Drug Screen, DOS: 5/29/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome and left wrist strain. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Urine Drug Screen, DOS: 5/29/14 is not medically necessary.

**Physical Therapy for left shoulder, wrist and hand, 2 times 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Shoulder Procedure and Forearm, Wrist, and Hand Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter; Forearm, Wrist, & Hand Chapter, Physical therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of impingement syndrome and wrist strain not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome and left wrist strain. In addition, there is documentation of at least 6 physical therapy sessions completed to date. However, given documentation, the proposed number of sessions, in addition to the sessions already completed, would exceed guidelines. In addition, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based

on guidelines and a review of the evidence, the request for Physical Therapy for left shoulder, wrist and hand, 2 times 4 is not medically necessary.

**Pantoprazole 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as omeprazole or lansoprazole), as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome and left wrist strain. In addition, there is documentation of ongoing NSAID therapy and risk for gastrointestinal event (multiple NSAID (Motrin and Naproxen)). However, there is no documentation that Pantoprazole is being used as second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg #60 is not medically necessary.

**Monthly Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of left shoulder

impingement syndrome and left wrist strain. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Furthermore, there is no documentation that the patient is at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Therefore, based on guidelines and a review of the evidence, the request for Monthly Urine Drug Screen is not medically necessary.