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| Case Number: | CM14-0212765 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 08/27/2002 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 52-year-old woman with a date of injury of August 27, 2002. The mechanism of injury occurred as a result of a trip and fall causing injury to her right shoulder and right knee. The injured worker's working diagnoses include cervicothoracic strain; L4-L5 disc injury; right shoulder pain following arthroscopy; left shoulder impingement syndrome with acromioclavicular joint pain; bilateral carpal tunnel syndrome with positive EMG/NCV studies; stress syndrome; left knee pain; and insomnia. Pursuant to the progress note dated November 6, 2014, the IW complains of right hand pain, left hand pain, upper back pain, and neck pain radiating into the arms with numbness and tingling. The IW continues to wear wrist braces and is attending chiropractic therapy. Current medications include Flexeril 10mg, Tylenol #3, Xanax 1mg, Motrin 800mg, and Lidoderm 5% patches. Physical examination of the cervical spine reveals paraspinal tenderness, muscles spasms, and decreased range of motion. Physical examination of the bilateral hands reveals positive Tinel's and Phalen's tests, diffuse forearm tenderness, diminished sensation along the median nerve distribution and decreased range of motion. Physical examination of the lumbar spine reveals paraspinal tenderness and decreased range of motion. EMG/NCV testing on September 10, 2014 showed mild carpal tunnel syndrome. In a progress note dated August 29, 2013, the IW was prescribed carpal tunnel gloves to use while working. The treating physician reports this will help her type and continue to perform her normal and customary duties. According to a progress note from February of 2014, the treating physician reports the IW has had prior chiropractic care with benefit. The exact number of chiropractic treatments were not documented in the medical record. There are no

chiropractic notes in the medical record. There is no evidence of objective functional improvement associated with prior chiropractic treatments. The treatment plan includes smart gloves to be worn at work, ergonomic workstation, left carpal tunnel injection, and continued chiropractic treatment. The current request is for smart gloves, chiropractic therapy 2 times a week for 5 weeks (10 sessions), and Lidoderm 5% patches, one box.

IMR ISSUES, DECISIONS AND RATIONALES

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

Smart gloves: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Splinting.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, smart gloves are not medically necessary. The guidelines indicate when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day, depending on activity. Documentation indicates smart gloves were prescribed to the injured worker in August 2013 in a progress note August 29, 2013. The documentation indicates the gloves were prescribed for the injured worker while working for Carpal tunnel syndrome. Prior electrodiagnostic studies indicate mild carpal tunnel syndrome. There is no clinical indication rationale the medical records for the injured worker requires an additional set of smart gloves. Consequently, absent clinical documentation to support an additional set of smart gloves, smartgloves are not medically necessary.

Chiropractic therapy twice a week for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Chiropractic Treatment.

Decision rationale: Pursuant to Official Disability Guidelines, chiropractic therapy twice a week for five weeks is not medically necessary. The Official Disability Guidelines enumerate the frequency and duration for chiropractic manipulation. For cervical strain, mild, six visits over 2 to 3 weeks. For moderate, trial of six visits over two of three weeks and with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks, avoid chronicity. For severe, trial of 10 visits 4 to 6 weeks and with objective functional improvement total of 25 visits over six months, avoid chronicity. In this case, the injured worker's diagnoses are

cervicothoracic strain; L4 - L5 disc injury; right shoulder pain following arthroscopy; left shoulder impingement syndrome with acromioclavicular joint pain; bilateral carpal tunnel syndrome with positive EMG/NCV results; stress syndrome; left knee pain; and insomnia. The documentation from February 14, 2014 progress note states the injured worker is not attending chiropractic treatment but they were helpful. On November 6, 2014 progress note indicates the injured worker is attending chiropractic treatment. Documentation does not contain the total number of chiropractic treatments rendered or evidence of objective functional improvement. The request does not state the anatomical region to which chiropractic treatment is to be rendered. However, the documentation by the treating physician indicates chiropractic treatment is to be rendered to the cervical spine and upper extremities. Consequently, absent clinical documentation to support additional chiropractic treatment with evidence of objective functional improvement (from prior chiropractic sessions), chiropractic treatment twice a week for five weeks is not medically necessary.

Lidoderm patches 5% one box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches 5% #1 box is not medically necessary. Topical logistics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized pain consistent with a neuropathic etiology after evidence of first-line therapy. They are not recommended for non-neuropathic pain. In this case, the injured worker's working diagnoses are cervicothoracic strain; L4 - L5 disc injury; right shoulder pain following arthroscopy; left shoulder impingement syndrome with acromioclavicular joint pain; bilateral carpal tunnel syndrome with positive EMG/NCV results; stress syndrome; left knee pain; and insomnia. The documentation in the medical record in a November 6, 2014 progress note indicates Lidoderm patches are prescribed to wear up to #3 patches one day for 12 hours. It does not provide the anatomical location (neck, upper extremity, wrists) to be applied. Physical examination does not provide documentation of neuropathic objective findings. Additionally, there is no documentation of first-line failure with antidepressants and impulses. Consequently, absent clinical documentation to support the use of Lidoderm, Lidoderm patches 5% one box is not medically necessary.