

Case Number:	CM15-0010099		
Date Assigned:	02/12/2015	Date of Injury:	04/18/2012
Decision Date:	06/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/16/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 is a 51-year-old female who reported an injury on 04/18/2012. The mechanism of injury involved repetitive activity. The current diagnoses include bilateral forearm and wrist flexor and extensor tendonitis, de Quervain's tenosynovitis, mild right carpal tunnel syndrome, dynamic left carpal tunnel syndrome, bilateral knee internal derangement, cervical/trapezium musculoligamentous sprain/strain with right upper extremity radiculitis, thoracic spine myofascial strain, lumbar spine musculoligamentous sprain/strain with lower extremity radiculitis, bilateral shoulder impingement strain, bilateral elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome, left ankle sprain, headaches, GI disturbance, 4 quadrant body pain and insomnia. The injured worker presented, on 11/05/2014, for an initial evaluation. It was noted that the injured worker was status post left knee arthroscopy on 04/07/2014. The injured worker presented with complaints of persistent pain over multiple areas of the body. Upon examination of the bilateral hands/wrists, there was no evidence of swelling, atrophy or deformity. There was tenderness present over the extensor compartment on the right side, increased pain with passive and resisted motion of the wrists and fingers, positive Tinel's and Phalen's sign with paresthesia radiating to the median nerve distribution in the 1st through 4th fingers, and diminished grip strength. There was also diminished sensation in the right upper extremity along the median nerve distribution in the C8 distribution of the fingers greater than ulnar nerve distribution. Recommendations at that time included a right carpal tunnel release, as well as de Quervain's release. Physical therapy was also recommended for the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists, lumbar

spine, bilateral knees and left ankle. There was no Request for Authorization form submitted for review. The Determination of the Acting Administrative Director served by mail on February 12, 2015 (the Determination of the Acting Administrative Director), found the request for IMR of 1 sleep consultation and 8 physical therapy visits to be ineligible for review on the basis of California Code of Regulations, title 8, section 9792.10.3(a) (6), and Labor Code section 4610.5, which does not authorize the Administrative Director to conduct Independent Medical Review (IMR) on a decision made by claims administrator to deny a treatment request based on the lack of information reasonably necessary to make a finding of medical necessity. The Determination of the Acting Administrative Director also found the request for IMR of 1 right carpal tunnel release and de Quervain's release surgery, 1 prescription of Fexmid 7.5 #60, 1 prescription of Ultram 50mg #120, 1 home IF unit - Orthostim 4, and 1 Rheumatologic consultation to be eligible for review by the Independent Medical Review Organization. By Minutes of Hearing/Order dated April 8, 2015 (the Order), the Claims Administrator agreed to authorize one (1) right carpal tunnel release and de Quervain's release surgery. The Order directed that all other issues/requests be deferred to Utilization Review (UR). Under 8 C.C.R. section 9792.10.3(f), the Administrative Director retains the right to determine the eligibility of a request for IMR until an appeal of an Final Determination Letter is filed with the Workers Compensation Appeals Board (WCAB) or the time for that appeal has expired. As a Final Determination Letter has not been issued on the present request for IMR, the Administrative Director still retains the right to determine the eligibility of a request for IMR on the present request. A review of the UR Determination Letter dated December 24, 2014 (the UR Determination Letter), and the Determination of the Acting Administrative Director served by mail on February 12, 2015, reveals that the Determination of the Acting Administrative Director mistakenly found the request for 8 physical therapy visits to be ineligible for review, and mistakenly found the request for 1 Rheumatologic consultation to be eligible for review by the Independent Medical Review Organization. A review of the UR Determination Letter reveals that the request for 1 Rheumatologic consultation was conditionally non-certified based on the lack of information reasonably necessary to make a finding of medical necessity. Accordingly, the request for 1 Rheumatologic consultation is ineligible for review on the basis of California Code of Regulations, title 8, section 9792.10.3(a) (6), and Labor Code section 4610.5. A review of the UR Determination Letter also reveals that the request for 8 physical therapy visits was certified with modification to 3 sessions, with the remaining 5 sessions being non-certified. Accordingly, the request for 8 physical therapy sessions was not denied based on a lack of information reasonably necessary to make a finding of medical necessity, but was in fact modified and is eligible for review at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations. In this case, there was no documentation of an acute exacerbation of chronic pain. Guidelines do not support long-term use of muscle relaxants. The request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be evidence of pain ineffectively controlled due to diminished effectiveness of medication or side effects, a history of substance abuse, or significant pain from postoperative conditions. In this case, there was no indication that this injured worker had tried and failed conservative treatment, to include a TENS therapy. Furthermore, the California MTUS Guidelines recommend a 1-month trial prior to a unit purchase. Therefore, the request is not medically appropriate.

Home IF unit - Orthostim 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be evidence of pain ineffectively controlled due to diminished effectiveness of medication or side effects, a history of substance abuse, or significant pain from postoperative conditions. In this case, there was no indication that this injured worker had tried and failed conservative treatment, to include a TENS therapy. Furthermore, the California MTUS Guidelines recommend a 1 month trial prior to a unit purchase. Therefore, the request is not medically appropriate.

Physical therapy visits x8 for the cervical spine, bilateral shoulders, elbows, forearms, wrists, knees, lumbar spine and left ankles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: California MTUS Guidelines state 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. In this case, it is noted that the injured worker had been previously issued authorization for a trial of 3 sessions of physical therapy. However, it is unclear whether the injured worker has completed the initially recommended trial. There was also no documentation of a significant functional limitation with regard to the bilateral elbows. Given the above, the request is not medically appropriate.