

Case Number:	CM15-0011122		
Date Assigned:	01/29/2015	Date of Injury:	07/11/2014
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 50-year-old male who reported injury on 07/11/2014. The mechanism of injury was not specified. Diagnoses include spondylosis of the lumbar spine, left wrist sprain and bilateral knee contusion/sprain. Past treatments included physical therapy and medication. On 01/21/2015, the injured worker complained of low back pain radiating into the bilateral lower extremities with spasms. There were also complaints of flare ups at the left wrist radiating into the forearm. The physical examination revealed tenderness to palpation, positive straight leg raise, and positive Tinel's and Finkelstein's. Relevant medications were not noted upon examination. The treatment plan included 1 left wrist ultrasound, and 60 Anaprox DS 550mg dispensed 12/15/2014 and 12/15/2014. A rationale was not provided for review. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left wrist ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 72.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for 1 left wrist ultrasound is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed until after a 4 to 6 week period of conservative care and observation fails to improve symptoms. Furthermore, the Official Disability Guidelines indicate that ultrasounds are recommended to accurately detect tendon injuries and visualize ulnar nerves. The injured worker was indicated to have chronic left wrist pain. However, there was lack of indication to indicate the medical necessity to detect tendon injuries or to visualize the ulnar nerve. Furthermore, there is lack of documentation to indicate the injured worker had undergone steroid injections, or brace or splinting for relief. In addition, there was a lack of documentation of a clear rationale to indicate the medical necessity for the wrist ultrasound as x-rays have previously been performed. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

60 Anaprox DS 550mg dispensed 12/15/2014 and 12/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-69..

Decision rationale: The request for 60 Anaprox DS 550mg dispensed 12/15/2014 and 12/15/2014 is not medically necessary. According to the California MTUS Guidelines, NSAIDs are indicated for osteoarthritis (including knee and hip), recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There should also be documentation of acetaminophen considered for initial therapy for patients with mild to moderate pain. The injured worker was indicated to be on Anaprox for an unspecified duration of time. However, there is lack of documentation to indicate the injured worker had osteoarthritis or had an initial therapy trial of acetaminophen for mild to moderate pain. Furthermore, the guidelines do not recommend the use of NSAIDs for long periods; it should be recommended at the lowest dose. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.