

Case Number:	CM15-0013762		
Date Assigned:	02/02/2015	Date of Injury:	06/06/2014
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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: Physical Medicine & Rehabilitation

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 24 year old female injured worker suffered an industrial injury on 6/6/2014. The diagnostic studies were x-rays and electromyography. The treatments were physical therapy, chiropractic therapy, injections, braces, medications. The treating provider reported pain in the right wrist, hand, index, middle and ring finger radiating up to the forearm into the ulnar region of the elbow, upper arm into the neck. The left arm is warmer to touch. The affected areas on the right were enlarged and swollen and tender with reduced range of motion. The Utilization Review Determination on 12/24/2014 non-certified: 1. UA tox screen citing MTUS 2. CBC, CRP, CHEM 8, Hepatic/ Arthritis panel 3. 5 stage grip test citing MTUS 4. Volar wrist splint, Pilo elbow splint citing ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA tox screen: 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 43 .

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The UA tox screen is not medically necessary and appropriate.

CBC, CRP, CPK, CHEM 8, Hepatic/Arthritis panel: 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 Routine Lab Suggested Monitoring, page 70.

Decision rationale: There is reported blood work from [REDACTED] dated 2/4/13 with CBC, renal and liver function panel to be normal. Treatment included continuing with chiropractic treatment along with repeat of medication panel to evaluate hepatic function. MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy as chronic use can alter renal or hepatic function. There is also no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained for this chronic injury. Medication does not list if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The CBC, CRP, CPK, CHEM 8, Hepatic/Arthritis panel is not medically necessary and appropriate.

5 Stage grip test: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for ROM outside recommendations from the Guidelines has not been established. The 5 Stage grip test is not medically necessary and appropriate.

Volar wrist splint, Pilo elbow splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Forearm-Wrist-Hand Complaints, Wrist Brace, page 265.

Decision rationale: ACOEM Guidelines support volar wrist splinting and elbow brace with evidence of ligamentous instability or ulnar neuropathy; however, none have been demonstrated to support these braces. Submitted reports have not adequately demonstrated the medical necessity for treatment with the wrist splint without any clearly documented clinical presentation or limitations to support for this DME. The Volar wrist splint, Pilo elbow splint are not medically necessary and appropriate.