

Case Number:	CM15-0113220		
Date Assigned:	06/24/2015	Date of Injury:	06/21/2012
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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 injured worker is a 64 year old female, who sustained an industrial injury on 6/21/12. She reported initial complaints of right side pain after a fall for right shoulder, right thigh/hip, right lower leg and right foot as well as left hip and left lower back pain. The injured worker was diagnosed as having right shoulder impingement syndrome with upper parascapular discomfort; right carpal tunnel syndrome; right thumb carpometacarpal joint arthritis. Treatment to date has included injection subacromial space, carpometacarpal joint, right shoulder; right thumb (10/28/14); medications. Diagnostics included x-rays cervical and lumbar spine (2012) MRI right shoulder (1/14/13); MRI lumbar spine (1/21/13); EMG/NCV study bilateral lower extremities (5/22/13). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker is in this office as a follow-up examination for her thumb arthritis as well as her shoulder impingement. She notes her injections at her last visit were not very helpful. She has had persistent thumb and shoulder discomfort. At this point, she does not want to pursue surgery for the pain and is reluctant to consider further injections. She notes the Voltaren gel previously prescribed had helped tremendously but she is not able to get it paid over the last few months. On physical examination, she demonstrates a positive impingement sign and has evidence of fullness about the thumb CMC joint. Her right shoulder impingement with upper parascapular discomfort, right carpal tunnel syndrome and right thumb CMC joint osteoarthritis with history of diabetes is noted by the provider. The provider is requesting authorization of acupuncture therapy to the right shoulder and bilateral wrists; push splint for bilateral wrists and Voltaren gel 1% 3-100mg tubes, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for the right shoulder and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Request for acupuncture was modified for 6 sessions. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received prior sessions of acupuncture for this chronic injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture therapy for the right shoulder and bilateral wrists is not medically necessary and appropriate.

Durable medical equipment (DME) push splint for the bilateral wrists: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome, Splinting, pages 95-96.

Decision rationale: Review indicates the request was modified for the right wrist splint for symptoms and diagnosis involving right wrist and thumb. ACOEM and ODG recommend the use of splinting/bracing as a treatment option for diagnoses of carpal tunnel syndrome to provide symptomatic relief with statistical evidence of predicted efficacy for duration of symptoms over 10 months, constant paresthesia, positive Phalen's less than 30 seconds, and flexor tenosynovitis. Submitted reports have not adequately demonstrated the medical necessity for treatment with the left wrist splint without clearly documented clinical presentation and limitations to support for this DME for the left wrist. The Durable medical equipment (DME) push splint for the bilateral wrists is not medically necessary and appropriate.

Voltaren gel 1% 3-100gm tubes, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22; Topical Analgesics, pages 111-113.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs (ketoprofen) and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure. The Voltaren gel 1% 3-100gm tubes, #1 is not medically necessary and appropriate.