

Case Number:	CM15-0113489		
Date Assigned:	06/19/2015	Date of Injury:	03/04/2015
Decision Date:	08/18/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44-year-old female sustained an industrial injury to the right hand on 3/4/15. Previous treatment included magnetic resonance imaging and medications. Magnetic resonance imaging 4/15/15 showed tenosynovitis of the first extensor compartment and first metacarpophalangeal joint. In an orthopedic surgery initial evaluation dated 4/23/15, the injured worker complained of constant right hand and finger pain, stiffness, pulsing and throbbing, rated 6-8/10 on the visual analog scale, associated with numbness and tingling. Physical exam was remarkable for decreased range of motion to the right thumb, tenderness to palpation at the right wrist with positive Finkelstein's test and decreased range of motion. Current diagnoses included right wrist sprain/strain and tenosynovitis of the right first extensor tendon. The treatment plan included a urine drug test, a functional capacity evaluation to determine what capacity the injured worker could return to the work force as well as providing a baseline for range of motion in order to track functional improvement throughout the course of treatment, physical therapy evaluation and treatment twice a week for six weeks and a prescription for Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, page 138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty section, Functional capacity evaluation (FCE).

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, who was diagnosed with tenosynovitis and wrist strain, she was recommended she complete an FCE to help her learn what she is capable of before returning to work. However, for this injury, there was insufficient reporting of strength and neurological testing to at least begin assessing her functional abilities. In addition, no report stated how returning to work with modified duties affected her abilities with the current pain. Therefore, due to insufficient supportive evidence for the need for a functional capacity evaluation and the general lack of evidence to support these types of assessments, the request for an FCE will be considered not medically necessary at this time.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 13th Edition (web 2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family

history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no medication prescribed to or reported being taken by the worker which would require any drug monitoring. Therefore, the request for urine drug screening is not medically necessary.

PT Evaluation and Treatment 2-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 266.

Decision rationale: The MTUS ACOEM Guidelines state that for wrist and hand complaints, including tenosynovitis, initial treatment should be conservative which includes modification of activities using the affected muscle and tendon such as those that cause significant symptoms (wrist brace, thumb spica, etc.). In addition, workstation assessment may need to take place to insure optimal ergonomics, as appropriate. Physical therapy is not recommended as this would only aggravate the tenosynovitis inflammation and related pain. In any case simple home stretches and movements may be used but do not typically need supervision. However, it is reasonable to consider some physical therapy, which this worker completed with some reported benefit. Continued physical therapy does not seem to be necessary as at this point, the worker should have full knowledge on how to perform exercises and stretches at home for her injury, and there was no evidence that she was unable to perform home exercises. Therefore, the request for 12 additional sessions will be considered not medically necessary.

Duexis 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease,

hypertension, kidney disease, and those at risk for gastrointestinal bleeding. The MTUS Guidelines also state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, she was recommended Duexis, which includes an NSAID and a PPI, together. The request to continue Duexis for months after the injury is not appropriate or medically necessary as it carries with it significant side effects with daily use. In addition, the use of a PPI is also not warranted, as there was no history suggestive of having an increased risk for a gastrointestinal event. For these reasons, the request for Duexis at this time after the injury is not medically necessary.