

Case Number:	CM15-0119338		
Date Assigned:	06/29/2015	Date of Injury:	09/07/2011
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This is a 50 year old female with a September 7, 2011 date of injury. Current diagnoses (right sided de Quervain's tenosynovitis; left hand de Quervain's tenosynovitis; cervical spine compensatory spasm and left-sided shoulder pain with left elbow pain due to altered motion of the left arm; lumbar spine spasm). Treatments to date have included bilateral de Quervain's release, imaging studies, wrist bracing, back bracing, medications, cortisone injections to the right wrist, and physical therapy. A progress note dated April 27, 2015 documents subjective complaints (intermittent pain in the right wrist rated at a level of 8/10 that radiates to the thumb; pain radiates to the forearm at times; mild numbness and tingling present; left wrist pain rated at a level of 9-10/10 to the thumb; thumb and wrist are numb to the touch; constant soreness in the inside of the left elbow rated at a level of 7.5/10; arm locks up at times; left shoulder pain that radiates from the wrist up the arm rated at a level of 8/10; neck pain rated at a level of 8/10; constant mid back pain rated at a level of 8/10; pain radiating from the left wrist up the arm to the neck and to the mid back; lower back pain radiating to the legs and all over the body; numbness and tingling in the right foot; spot on lower back with discoloration; stress; anxiety; depression; crying spells; difficulty sleeping), objective findings (cervical spine spasm noted at C3-C7; decreased range of motion of the cervical spine; pain with palpation of the left levator scapula, trapezial area, and impingement area; pain with palpation of the left medial epicondyle, left lateral epicondyle, left radial head, left extensor muscle mass, and left flexor muscle mass; decreased range of motion of the left elbow; pain with palpation of the left wrist radial styloid;

lumbar spine spasm at L3-S1). The treating physician documented a plan of care that included quantitative urine toxicology and a left wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmatory Testing: Urine toxicology quantitative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

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 applies 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 Confirmatory Testing: Urine toxicology quantitative is not medically necessary and appropriate.

Left wrist brace: Upheld

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

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: Current diagnoses (right sided de Quervain's tenosynovitis; left hand de Quervain's tenosynovitis; cervical spine compensatory spasm and left-sided shoulder pain with left elbow pain due to altered motion of the left arm; lumbar spine spasm). Submitted reports have noted diffuse numbness of thumb and hand; however, without motor deficits or red-flag conditions for this chronic injury of 2011 that would support the wrist brace. ACOEM Guidelines support splinting as first-line conservative treatment for CTS and DeQuervain's to limit motion of inflamed structures and ODG has indication for immobilization with bracing in the treatment of fractures; however, the patient has been provided with previous wrist brace without current notation for another brace replacement without functional improvement from treatment already rendered. The Left wrist brace is medically necessary and appropriate.

