

Case Number:	CM15-0121040		
Date Assigned:	07/01/2015	Date of Injury:	11/11/2010
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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 injured worker is a 51-year-old female, who sustained an industrial injury on 11/11/2010. She reported cumulative trauma injuries to her bilateral shoulders, elbows, wrists, and thumbs/fingers. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, "therapy" which did not help, noting 2-3 months with massages, transcutaneous electrical nerve stimulation unit, and hand wax therapy, medications, right carpal tunnel and trigger releases in 12/2012, left carpal tunnel release in 4/2013 and trigger finger surgery in 12/2013, shoulder injection, bilateral hand splints, mental health treatment, chiropractic, therapy, acupuncture, and medications. Currently, the injured worker has continued complaints of right shoulder pain, rated 8-9/10, radiating to her shoulder blades, neck, and triceps region, associated with numbness, tingling, cramping, burning, throbbing, stabbing, electrical, aching, dull and sharp pain sensations. She complained of left shoulder pain, rated 7/10, radiating to her neck, shoulder blades, and triceps region, associated with numbness, tingling, cramping, burning, throbbing, stabbing, electrical, aching, dull and sharp pain sensations. She reported right elbow pain, rated 8/10 with radiation to her forearm, hand, and fingers, associated with burning, throbbing, sharp pain, and stiffness. She reported left elbow pain, rated 5/10, radiating to the forearm, wrist, and fingers, associated with numbness, tingling, cramping, burning, throbbing, stabbing, electrical, aching, dull and sharp pain sensations, along with clicking/popping. She reported right wrist pain, rated 9/10, with radiation to her hand, fingers, and above her wrist area, associated with numbness, tingling, cramping, burning, throbbing, stabbing, electrical, aching, dull and sharp pain sensations, along with clicking/popping. She

reported left wrist pain, rated 5/10, described as non-radiating, associated with numbness, tingling, cramping, burning, throbbing, stabbing, electrical, aching, dull and sharp pain sensations, along with clicking/popping. She reported pain in her right thumb and fingers, rated 9/10, radiating to the hand and forearm, numbness, tingling, cramping, burning, throbbing, stabbing, electrical, aching, dull and sharp pain sensations, along with clicking/popping. She reported pain in her left thumb and fingers, rated 4/10, intermittent and non-radiating, associated with numbness, tingling, cramping, burning, throbbing, stabbing, electrical, aching, dull and sharp pain sensations, along with clicking/popping. She had limited range of motion. She reported job termination in 2014. Urine toxicology from 12/2014 was submitted, noting positive for acetaminophen and opiates. She currently denied taking medications. The treatment plan included Gabapentin, Tramadol, initial labs (in order to ensure safety of hepatic and renal metabolism), physical therapy (3x4) and chiropractic, stating that it has been an extended period of time since she had conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work including CBC, CRP, CPK, Chem 8, arthritis panel and hepatic panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to this chronic musculoskeletal cumulative trauma injury of 2010. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Identifying any coagulation issues or having a baseline Hemoglobin/hematocrit level along with renal and liver functions may be medically indicated prior to surgical procedure; however, the patient has no surgical or procedure planned. Submitted reports have not identified any symptom complaints, clinical history or comorbidities with undue risks to support for the multiple lab testing. The Lab work including CBC, CRP, CPK, Chem 8, arthritis panel and hepatic panel is not medically necessary and appropriate.

Physical therapy 3 times a week for 4 weeks for right elbow pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 3 times a week for 4 weeks for right elbow pain is not medically necessary and appropriate.

Chiropractic treatment 3 times a week for 4 weeks for right elbow pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury of 2010. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not changed without functional restoration approach. The Chiropractic treatment 3 times a week for 4 weeks for right elbow pain is not medically necessary and appropriate.