

Case Number:	CM15-0176232		
Date Assigned:	09/17/2015	Date of Injury:	05/15/2015
Decision Date:	11/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/09/2015

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, Pain Management

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 57 year old, female who sustained a work related injury on 5-15-15. The diagnostic impressions include lumbosacral musculoligamentous strain-sprain with radiculitis, rule out lumbosacral spine discogenic disease, bilateral shoulder strain-sprain, bilateral shoulder tendinitis, bilateral wrist strain-sprain, rule out bilateral carpal tunnel syndrome, bilateral wrist tenosynovitis, left thumb tenosynovitis, bilateral ankle sprain-strain, bilateral foot strain-sprain, and rule out bilateral foot plantar fasciitis. She is being treated for low back, bilateral shoulders, left thumb, bilateral wrists, bilateral ankles and bilateral ankle-foot pain. Treatments have included medicated topical creams and 16 sessions of physical therapy. In the progress notes dated 8-11-15, the injured worker reports lower back, bilateral shoulders, left thumb and bilateral ankles-feet pain. She reports pain and numbness in bilateral wrists. Her pain level in lower back is a 7 out of 10. She rates a pain level in her right shoulder and wrist a 6 out of 10. She rates her left shoulder and wrist pain level an 8 out of 10. These pain levels have not changed since last visit. She has a pain level in her left thumb which is 8 out of 10. She has 6 out of 10 pain level in her right ankle-foot which has increased from 4 out of 10 at last visit. She rates her left ankle-foot pain level a 7 out of 10 which has increased from 4 out 10 at last office visit. Upon physical exam, she has grade 2 to 4 tenderness to palpation over the lumbar paraspinal muscles. This has decreased from grade 3 to 4 at last visit. She has decreased range of motion in her lumbar area. She has positive straight leg raises with both legs. She has noted trigger points. She has grade 2 to 3 tenderness to palpation over right shoulder and grade 2 tenderness over left shoulder. These have remained the same since last visit. She has grade 2 to 3 tenderness over the right wrist and

grade 2 tenderness over left wrist which neither have changed since last visit. She has grade 2 tenderness of left hand which remains the same since last visit. She has grade 1 to 3 tenderness over both ankle and feet which has decreased from grade 2-3 at last visit. She states that physical therapy has helped to decrease her pain and tenderness. She states her function and activities of daily living have improved with physical therapy. She is not working. The treatment plan includes continuing physical therapy, prescriptions for medicated creams and for EMG-NCV studies of the upper extremities. HMPHCC2 compound contains baclofen, flurbiprofen, capsaicin, and hyaluronic acid. HNPC1 compound contains amitriptyline, gabapentin, bupivacaine, and Hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to lumbar spine, bilateral shoulders, wrists, ankles for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific sustained objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, in addition to previously provided therapy, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Electromyography (EMG) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of Left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits in a radicular distribution, and no documentation of failed conservative treatment directed towards those complaints. In the absence of such documentation, the currently requested EMG of Left upper extremity is not medically necessary.

Nerve conduction study: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for Nerve conduction study, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H- reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits in a radicular distribution, and no documentation of failed conservative treatment directed towards those complaints. Finally, the current request does not include identification as to which limb is to be studied, and there is no provision to modify the current request. In the absence of such documentation, the currently requested Nerve conduction study is not medically necessary.

HMPCC2 in cream base 210 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for HMPCC2 in cream base 210 gms, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. HMPHCC2 compound contains baclofen, flurbiprofen, capsaicin, and hyaluronic acid. Muscle relaxants drugs are not supported by the

CA MTUS for topical use. As such, the currently requested HMPCC2 in cream base 210 gms is not medically necessary.

HNPC1 in cream base 210gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for HNPC1 in cream base 210gms, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. HNPC1 compound contains amitriptyline, gabapentin, bupivacaine, and Hyaluronic acid. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. As such, the currently requested HNPC1 in cream base 210gms is not medically necessary.