MAXIMUS Federal Services

Case Number:	CM15-0044309		
Date Assigned:	03/16/2015	Date of Injury:	09/09/2013
Decision Date:	05/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/09/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 42-year-old female who reported an injury on 09/09/2013. The mechanism of injury involved repetitive activity. The current diagnosis is carpal tunnel syndrome. The injured worker presented on 01/28/2015 for an evaluation. The physician progress note was handwritten and mostly illegible. The injured worker reported bilateral upper extremity pain. Upon examination, the provider noted bilateral hand incisions. A comprehensive physical examination was not documented. Recommendations at that time included a bilateral upper extremity MRI, x-rays, neurodiagnostic studies, chiropractic therapy, a Functional Capacity Evaluation, a urinalysis for toxicology, an interferential unit, a TENS unit, and a follow-up examination in 4 weeks. A Request for Authorization form was then submitted on 01/31/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines state a Functional Capacity Evaluation may be indicated when case management if hampered by complex issues and the timing is appropriate. In this case, the injured worker was pending several physical modalities. There was no indication that this injured worker is close to reaching or has reached maximum medical improvement. There was also no evidence of any previous unsuccessful return to work attempts. The medical necessity for a Functional Capacity Evaluation has not been established in this case. Therefore, the request is not medically appropriate.

Chiropractic Therapy, 8 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. Manual therapy and manipulation for the forearm, wrist, and hand, as well as carpal tunnel syndrome, is not recommended. The request as submitted failed to indicate a specific body part to be treated. The injured worker

maintains a diagnosis of bilateral carpal tunnel syndrome. Chiropractic therapy is not recommended for carpal tunnel syndrome. The request for 8 treatments would also exceed guideline recommendations. Given the above, the request is not medically appropriate.

Flurbiprofen10/0.25%/ Capsaicin 2%/ Camphor 1%; 120 gm topical compound cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Ketoprofen 10%/ Cyclobenzaprine 3%/ Lidocaine 5%, 120 gm topical compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical ANalgesics and Topical NSAIDs Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. Lidocaine is not recommended in the form of a cream, lotion, or gel. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

IF (Interferential) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) and Transcutaneous electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or

significant pain from postoperative conditions. There was no documentation of a failure of conservative management prior to the request for an interferential unit. The guidelines recommend a 1 month trial prior to a unit purchase. Therefore, the request is not medically appropriate at this time.

TENS (Transcutaneous Electrical Nerve Stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be documentation of a 1 month trial prior to a unit purchase. There should also be evidence that other appropriate pain modalities have been tried and failed. In this case, there was no documentation of a failure of conservative treatment prior to the request for a TENS unit. Additionally, there was no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate at this time.

EMG (electromyogram)/ NCV (nerve conduction velocity) tests for bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. There was no documentation of a worsening or progression of symptoms or examination findings. The physician progress report failed to document a comprehensive physical examination of the bilateral upper extremities. The medical necessity for electrodiagnostic testing has not been established in this case. Therefore, the request is not medically appropriate.

Xray of bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, there was no documentation of a comprehensive physical examination of the bilateral wrists. There was no evidence of a worsening or progression of symptoms. There was also no documentation of an attempt at conservative management prior to the request for an imaging study. Given the above, the request is not medically appropriate.

MRI (magnetic resonance imaging) of bilateral wrists (single positional): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, there was no documentation of a comprehensive physical examination of the bilateral wrists. There was no evidence of a worsening or progression of symptoms. There was also no documentation of an attempt at conservative management prior to the request for an imaging study. Given the above, the request is not medically appropriate.