

Case Number:	CM15-0094438		
Date Assigned:	05/21/2015	Date of Injury:	03/27/2015
Decision Date:	07/02/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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 sustained an industrial injury on 3/27/15. She reported initial complaints of worsening bilateral upper extremity pain with neck, low back and bilateral knee pain and aggravation of high blood pressure. The injured worker was diagnosed as having bilateral knee sprain/patellofemoral arthralgia; bilateral elbow medial and lateral epicondylitis; status post bilateral carpal tunnel release with sprain/strain and recurrent carpal tunnel syndrome. Treatment to for this date of injury is not mentioned. Currently, the PR-2 notes dated 4/14/15 indicated the injured worker was treated in this office relative to a continuous injury extending from 12/11/98 to August 14, 2001, 6/24/2000 and 12/9/99 involving the cervical spine, bilateral elbows and wrists and lumbar spine. In addition, on 11/3/13 she sustained a work related injury with the same employer as she was in the parking lot and a client backed up and hit her left knee. She was then involved in a motor vehicle accident occurring 3/2014 that re-injured her upper/low back and left knee and now a reported injury of 3/27/15 as worsening bilateral upper extremity pain with neck, low back and bilateral knee pain and aggravation of high blood pressure. Subjective complains are listed as bilateral wrist/hand pain with numbness and tingling; bilateral elbow/forearm pain; bilateral knee pain; bilateral shoulder pain "denied" and neck and low back pain reported as "not on the claim". Objective findings per physical examination of the bilateral elbows reveal tenderness to palpation present over the medial epicondyles and flexor/extensor muscles. Cozen's and reverse Cozen's tests are positive bilaterally. Tinel's and bent elbow tests are positive bilaterally. Bilateral wrist reveal atrophy of the bilateral web spaces with scars over the volar palms bilaterally consistent with bilateral carpal tunnel releases. There is tenderness on palpation over the flexor and extensor tendons; Tinel's sign is bilaterally positive; Phalen's and Finkelstein's test are negative. The lumbar spine exam notes tenderness on palpation with

spasm/muscle guarding over the sacroiliac joints/paraspinal musculature bilaterally. She has a positive sacroiliac stress test along with positive straight leg raise test on the left. The cervical spine reveals tenderness to palpation with spasms/muscle/guarding over the paraspinal musculature bilaterally. Her axial compression test is negative. She has sensation to pinprick and light touch in the upper bilateral extremities and right lower extremity as intact and noted decreased in the left big toe. There is no weakness in the motor testing of the upper and lower extremities. The provider's treatment plan includes: Chiropractic treatment to include modalities and myofascial release; twelve (12) visits (2x6); Home H-wave unit; LSO brace and Ultracin topical lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to include modalities and myofascial release; twelve (12) visits (2x6): 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 Physical medicine Page(s): 98-99.

Decision rationale: The patient presents on 04/14/15 with unrated bilateral wrist pain, elbow pain, forearm pain, shoulder pain, neck pain, and lower back pain. The patient also complains of associated numbness and tingling in the bilateral hands. The patient's date of injury is 03/27/15. Patient is status post bilateral carpal tunnel release at a date unspecified. The request is for chiropractic treatment to include modalities and myofascial release twelve visits (2x6). The RFA is dated 04/14/15. Physical examination dated 04/14/15 reveals tenderness to palpation over the bilateral medial epicondyles and flexor/extensor muscles in the upper extremities. Tinel's sign, bent elbow test, Cozen's and Reverse Cozen's tests are noted to be positive bilaterally. Elbow range of motion is 140 degrees on flexion, 30 degrees on pronation, and 80 degrees on supination bilaterally. Wrist examination reveals tenderness to palpation over the flexor and extensor tendons and thenar eminences bilaterally, with positive Tinel's test bilaterally. The patient is currently prescribed Neurontin, Ultram, and Ultracin. Diagnostic imaging was not included. Per progress note dated 04/14/15, patient is classified as temporarily totally disabled for an unspecified duration. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the provider is requesting what appears to be the initial series of physical therapy sessions directed at this patient's bilateral knees, elbows, and wrists. There is no evidence in the documentation provided that this patient has undergone any recent physical therapy treatments or myofascial release recently, though presumably this patient did have some PT/OT following carpal tunnel release. MTUS allows for 8 to 10 physical medicine treatments for chronic pain complaints, the provider has requested 12. This exceeds guideline recommendations and cannot be substantiated. The request is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, lumbar supports.

Decision rationale: The patient presents on 04/14/15 with unrated bilateral wrist pain, elbow pain, forearm pain, shoulder pain, neck pain, and lower back pain. The patient also complains of associated numbness and tingling in the bilateral hands. The patient's date of injury is 03/27/15. Patient is status post bilateral carpal tunnel release at a date unspecified. The request is for LSO brace. The RFA is dated 04/14/15. Physical examination dated 04/14/15 reveals tenderness to palpation over the bilateral medial epicondyles and flexor/extensor muscles in the upper extremities. Tinel's sign, bent elbow test, Cozen's and Reverse Cozen's tests are noted to be positive bilaterally. Elbow range of motion is 140 degrees on flexion, 30 degrees on pronation, and 80 degrees on supination bilaterally. Wrist examination reveals tenderness to palpation over the flexor and extensor tendons and thenar eminences bilaterally, with positive Tinel's test bilaterally. The patient is currently prescribed Neurontin, Ultram, and Ultracin. Diagnostic imaging was not included. Per progress note dated 04/14/15, patient is classified as temporarily totally disabled for an unspecified duration. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under the Low Back chapter on lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option." In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low-grade evidence for this treatment modality. There is no evidence that this patient has any lumbar instability, fractures, or other acute injury, which would warrant a lumbar brace. Therefore, the request is not medically necessary.

Home H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: The patient presents on 04/14/15 with unrated bilateral wrist pain, elbow pain, forearm pain, shoulder pain, neck pain, and lower back pain. The patient also complains of associated numbness and tingling in the bilateral hands. The patient's date of injury is 03/27/15. Patient is status post bilateral carpal tunnel release at a date unspecified. The request is for home H-wave kit. The RFA is dated 04/14/15. Physical examination dated 04/14/15 reveals tenderness to palpation over the bilateral medial epicondyles and flexor/extensor muscles in the upper extremities. Tinel's sign, bent elbow test, Cozen's and Reverse Cozen's tests are noted to be positive bilaterally. Elbow range of motion is 140 degrees on flexion, 30 degrees on pronation, and 80 degrees on supination bilaterally. Wrist examination reveals tenderness to palpation over the flexor and extensor tendons and thenar eminences bilaterally, with positive Tinel's test bilaterally. The patient is currently prescribed Neurontin, Ultram, and Ultracin. Diagnostic imaging was not included. Per progress note dated 04/14/15, patient is classified as temporarily totally disabled for an unspecified duration. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In regard to the purchase of a home-use H-wave device, there is inadequate documentation of a successful 30 day trial. MTUS guidelines support the purchase of a home H-wave device only after a successful 30-day trial with demonstrated analgesia and functional benefits, no such trial has been attempted. Given the lack of specific documentation of trial efficacy, the medical necessity of the request as written cannot be substantiated. The request is not medically necessary.

Ultracin topical lotion: Overturned

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

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

Decision rationale: The patient presents on 04/14/15 with unrated bilateral wrist pain, elbow pain, forearm pain, shoulder pain, neck pain, and lower back pain. The patient also complains of associated numbness and tingling in the bilateral hands. The patient's date of injury is 03/27/15. Patient is status post bilateral carpal tunnel release at a date unspecified. The request is for ultracin topical cream. The RFA is dated 04/14/15. Physical examination dated 04/14/15 reveals tenderness to palpation over the bilateral medial epicondyles and flexor/extensor muscles in the upper extremities. Tinel's sign, bent elbow test, Cozen's and Reverse Cozen's tests are noted to be positive bilaterally. Elbow range of motion is 140 degrees on flexion, 30 degrees on pronation, and 80 degrees on supination bilaterally. Wrist examination reveals tenderness to palpation over the flexor and extensor tendons and thenar eminences bilaterally, with positive Tinel's test bilaterally. The patient is currently prescribed Neurontin, Ultram, and Ultracin. Diagnostic imaging was not included. Per progress note dated 04/14/15, patient is classified as temporarily totally disabled for an unspecified duration. Ultracin is Methyl Salicylate 28%; menthol 10%; and Capsaicin 0.025%. Regarding Capsaicin, MTUS guidelines page 111 under topical medications has the following: "Recommended only as an option in patients who have not responded or are intolerant to other treatments... Methyl Salicylate, an

NSAID, is indicated for peripheral joint arthritis/tendinitis." In this case, the provider is requesting what appears to be initial prescription of Ultracin Lotion for this patient's chronic wrist, elbow, and knee pain. Progress note dated 04/14/15 discusses that this patient is unable to tolerate oral NSAIDs and thus requires a topical topical ointment for her chronic wrist, elbow, and knee pain. MTUS guidelines indicate that topical NSAIDs such as Methyl Salicylate are appropriate for peripheral joint complaints, and also indicate that Capsaicin is appropriate for patients who are intolerant to other treatments. Given this patient's chief complaint and intolerance to oral NSAIDs, a trial of Ultracin is substantiated. The request is medically necessary.