

Case Number:	CM13-0016766		
Date Assigned:	11/06/2013	Date of Injury:	10/31/2012
Decision Date:	09/23/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year-old male who has reported left elbow pain after an injury on 10/31/2012. Initial care at an Occupational Medicine clinic included ibuprofen, elbow sleeve, physical therapy for 6 visits, and Polar Frost gel. The injured worker reported no improvement with this treatment. He was subsequently seen by other medical providers of various specialties, with treatment including acupuncture, topical and oral NSAIDs. Extracorporeal shock wave lithotripsy and PRP injections were requested but it is not clear if they were performed. On 7/31/13 the current primary treating physician evaluated the injured worker for ongoing left elbow, arm, and forearm pain. Ibuprofen and alcohol were currently used to treat the pain. Diagnoses were elbow and forearm sprain/strain. Physical findings consisted of wrist tenderness and a positive Tinel's sign at the wrist. Neurological and other findings were negative. The treatment plan included an MRI, extracorporeal shock wave lithotripsy for the elbow, NCV/EMG, physical therapy, TENS/EMS, heat, cold, 3 topical medications, Neurontin, Ultram, Ultracet, VSNCT, and "temporarily totally disabled" work status. The treating physician provided a long list of citations in support of the treatments requested but did not provide patient-specific information or discuss the need for treatment in light of what had already been completed previously. On 8/19/13 Utilization Review non-certified all of the items now under Independent Medical Review other than the physical therapy request, which was partially certified for 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26, Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 97-98.

Decision rationale: There was no evidence of symptomatic or functional benefit while the injured worker was in physical therapy previously. The treating physician has not addressed the failure of this physical therapy, or provided reasons why further treatment with this failed modality is indicated. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The current physical therapy prescription exceeds the quantity recommended in the MTUS. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Per the discussion of the physical therapy prescription in the primary treating physician report, it is clear that the therapy will rely on passive modalities. Physical Medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. Total disability work status implies a likely lack of ability to attend physical therapy, as the injured worker is incapable of performing any and all work activity, even very light activity such as sitting, standing, and walking. "Temporarily totally disabled" status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

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 (ODG), Fitness For Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pages 137-8, discussion of IME recommendations Official Disability Guidelines (ODG) Fitness for Duty Chapter Functional Capacity Evaluation Official Disability Guidelines (ODG) Fitness for Duty Chapter Functional Capacity Evaluation.

Decision rationale: The ACOEM guidelines pages 137-8, in the section referring to Independent Medical Evaluations (which is not the context in this case), state "there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace" and "it is problematic to rely solely upon the FCE results for determination of

current work capability and restrictions". The MTUS for Chronic Pain and ODG recommend FCE for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the FCE. Given that there is no formal definition of an FCE, and that an FCE might refer to a vast array of tests and procedures, medical necessity for an FCE (assuming that any exists), cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions an FCE as a possible criterion for entry, based on specific job demands. The treating physician has not provided any information in compliance with this portion of the MTUS. The FCE in this case is not medically necessary based on lack of medical necessity, the cited guidelines, and lack of a sufficiently specific prescription.

Voltage Actuated Sensory Nerve Conduction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back--current perception threshold testing Anthem Blue Cross of CA Guidelines--sensory nerve conduction threshold testing.

Decision rationale: The MTUS does not provide direction for this kind of electrodiagnostic testing. The guidelines cited above do not recommend VSNT. The Official Disability Guidelines state that "current perception threshold (CPT) testing" is "not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing." And, "CMS concludes that the use of any type of sNCT device, including "current output" type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or "voltage input" type device used for voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary." The requested VSNT is therefore not medically necessary, as there is a lack of sufficient medical evidence to support it.

NCV Upper Extremity (Side Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 182, 168-171, 196-201, 213, 33, 261, 268, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal Tunnel Syndrome--EDS.

Decision rationale: The updated ACOEM Guidelines for the Elbow, Page 33, recommend NCV and, possibly, EMG if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. No clinical findings of this kind are present, as the examination of the elbow was normal. The ACOEM Guidelines Pages 268 and 272 recommend NCS after failure of conservative treatment for 4-6 weeks. Possible treatment for CTS includes splinting, injection with steroid, medications, work modifications, and exercises (see pages 264-5). In this case there is no record of such conservative care prior to recommending the NCS and/or EMG. Per Page 182 of the ACOEM Guidelines, EMG is recommended "to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. This injured worker has no evidence of any of these conditions or need for these procedures. There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. Based on the current clinical information, there is not sufficient medical necessity for electrodiagnostic testing.

Neurostimulator TENS/EMS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand (Acute and Chronic), Neurostimulator TENS/EMS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain, Neuromuscular electrical stimulation (NMES devices) Page(s): 114-117, 121.

Decision rationale: EMS is "not recommended" in the MTUS for chronic pain. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary.

Extracorporeal Shock Wave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: The treating physician report states that extracorporeal shock wave lithotripsy is for the elbow. The MTUS strongly recommends against ECSWT, as it has been proven to be ineffective. The extracorporeal shock wave lithotripsy in this case is not medically necessary based on the MTUS and lack of supporting medical evidence.

Compound Capsaicin 0.025% / Flurbiprofen 30% / Methyl Salicylate 4% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum.4 topical NSAIDs were dispensed simultaneously (Flurbiprofen in two preparations, and Salicylates in two preparations), which is duplicative and unnecessary, as well as possibly toxic. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, and inappropriate prescribing.

One Refill Compound Flurbiprofen 20% / Tramadol 20% 240gm: Upheld

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

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

Decision rationale: Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum.4 topical NSAIDs were dispensed simultaneously (Flurbiprofen in two preparations, and Salicylates in two preparations), which is duplicative and unnecessary, as well as possibly toxic. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. There is no

good medical evidence to support topical Tramadol. The treating physician has already dispensed two different oral Tramadol preparations, making a third Tramadol preparation redundant and possibly toxic. This topical compound is not medically necessary based on the MTUS and inappropriate prescribing.

Medrox Patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Medrox is Capsaicin/Menthol/Methyl Salicylate. 4 topical NSAIDs were dispensed simultaneously (Flurbiprofen in two preparations, and Salicylates in two preparations), which is duplicative and unnecessary, as well as possibly toxic. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin was dispensed in two different topical agents, which is redundant and possibly toxic. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, and inappropriate prescribing.

EMG Upper Extremity (Side Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 182, 168-171, 196-201, 213, 33, 261, 268, 272.

Decision rationale: The updated ACOEM Guidelines for the Elbow, Page 33, recommend NCV and, possibly, EMG if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. No clinical findings of this kind are present, as the examination of the elbow was normal. The ACOEM Guidelines Pages 268 and 272 recommend NCS after failure of conservative treatment for 4-6 weeks. Possible treatment for CTS includes splinting, injection with steroid, medications, work modifications, and exercises (see pages 264-5). In this case there is no record of such conservative care prior to recommending the NCS and/or EMG. Per Page 182 of the ACOEM Guidelines, EMG is recommended "to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. This injured worker has no evidence of any of these conditions or need for these

procedures. There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. Based on the current clinical information, there is not sufficient medical necessity for electrodiagnostic testing.