

Case Number:	CM14-0062920		
Date Assigned:	07/11/2014	Date of Injury:	08/08/2005
Decision Date:	11/10/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 58 year old female, who sustained an industrial injury on 8-8-2005. The diagnoses have included arthritic acromioclavicular (AC) joint; carpal tunnel syndrome and superior labrum, anterior to posterior lesion. Treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs); ambien; medrol dose pack helped but did not last; injections did make her pain better for a while but came more; carpal tunnel release right on 4-3-06; right DeQuervain's release on 4-3-06; excision right dorsal ganglion cyst on 2-22-07; right shoulder surgery on 9-24-07 and left shoulder surgery on 6-1-10. Right shoulder X-ray on 4-17-14 showed type 1 acromion, good acromioclavicular (AC) joint excision, good subacromial decompression, anchor in the glenoid, which has not moved. The documentation on 4-17-15 noted that the injured worker has complaints of ongoing severe pain from the elbow shooting up into the back of the shoulder and down into the 4th and 5th fingers which is getting worse. The documentation noted that the injured worker has not had an electromyography in years. Right shoulder examination revealed range of motion forward flexion is 90, adduction is 70, external rotation is 35 and internal rotation great trochanter. Palpation shows tenderness over the subacromial area and crepitation in the subacromial area. The original utilization review (4-28-14) non-certified the request for ultram 50mg #60 with 2 refills; electromyography and nerve conduction study of the right upper extremity and ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 2 refills: 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: 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 2005 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 Ultram 50mg #60 with 2 refills is not medically necessary and appropriate.

EMG/NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome or cervical radiculopathy only with continued diffuse tenderness without neurological deficits or specific consistent myotomal or dermatomal correlation to support repeating the electrodiagnostics. There was no documented failed conservative trial for this chronic 2005 injury without new injury or acute changed findings. The EMG/NCS of the right upper extremity is not medically necessary and appropriate.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: MTUS Guidelines is silent; however, per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2005 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10mg #30 is not medically necessary and appropriate.