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| Case Number: | CM13-0000751 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 03/18/2013 |
| Decision Date: | 01/07/2014 | UR Denial Date: | 05/28/2013 |
| Priority: | Standard | Application Received: | 06/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 physician 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.

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 patient is a 37-year-old male who reported a work-related injury on 03/18/2013 as a result of a laceration to his left hand. Subsequently, the patient presented for treatment of the following diagnoses: (1) acute lumbosacral strain rule out disc herniation; (2) acute laceration of the left palmar hand and left wrist with ulnar neuropraxia; (3) left hand arthrofibrosis; and (4) right wrist compensatory chronic strain. The clinical note dated 07/12/2013 reports the patient was seen under the care of [REDACTED] for his pain complaints. The provider documents the patient continues to present with complaints of low back pain, which the patient does report is slightly improved. The patient has completed 12 sessions of physical therapy for the low back as well as 12 sessions of occupational therapy for the wrist. The patient's medications include Vicoprofen. Physical exam of the patient's bilateral wrists revealed well healing volar incision of the left wrist. There was no erythema or edema. The patient's range of motion was limited in dorsiflexion of 10 degrees and limited palmar flexion to 30 degrees. Sensation was intact to the bilateral upper extremities. The patient's lumbar spine exam revealed tenderness to palpation across the beltline. Range of motion was limited with flexion beyond 45 degrees

IMR ISSUES, DECISIONS AND RATIONALES

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

PHM pharmacy Diclofenac Flex Plus for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009
Page(s): 111.

Decision rationale: