

Case Number:	CM13-0028431		
Date Assigned:	03/21/2014	Date of Injury:	08/03/2003
Decision Date:	09/16/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Orthopedic Surgery 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:

The patient is a 48-year-old female who has submitted a claim for Regional Sympathetic Dystrophy of the Right Upper Extremity, Right Lateral Epicondylitis, Right Upper Extremity Paresthesias, and Right Carpal Tunnel Syndrome associated with an industrial injury date of August 3, 2003. Medical records from 2006 through 2013 were reviewed, which showed that the patient complained of pain in the right hand, thumb, and elbow, rated 7/10, characterized as constant, sharp, throbbing, and locked at times. She also reported numbness, tingling, weakness, color changes, and temperature changes. On physical examination, the patient had modestly reduced range of motion of the wrist. There was edema from the fingertips all the way up to the biceps. No temperature or color changes were appreciated. The patient was wearing a therapeutic glove. Treatment to date has included an unspecified hand surgery (date of service unknown), therapeutic glove, an unknown number of acupuncture sessions, and medications including tramadol 50 mg tablet PO BID prn (since at least May 2013 and discontinued September 10, 2013). Utilization review from September 12, 2013 denied the request for Additional Acupuncture 2 Times a week for 6 weeks to the Right Hand, Thumb, Wrist and Elbow because there was limited documentation of exceptional indications for acupuncture extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits; and Hand Surgeon Consultation/Treat with [REDACTED] because there was no indication that [REDACTED] needed to be the specific provider. The same utilization review modified the request for Tramadol 50mg, #90 with 2 refills to Tramadol 50 mg #45 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS TO THE RIGHT HAND, THUMB, WRIST AND ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the records showed that the patient underwent an unknown number of acupuncture sessions. However, there was no documentation of functional benefits. There is no clear indication for continued acupuncture therapy. Therefore, the request for Additional Acupuncture 2 times a week for 6 weeks to the Right Hand, Thumb, Wrist and Elbow is not medically necessary.

TRAMADOL 50MG, #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In this case, tramadol was being prescribed since at least May 2013 (16 months to date). However, there was no documentation of functional improvement with this medication. Furthermore, the most recent progress note included in the records for review stated that tramadol was discontinued on September 10, 2013. It is unclear why there is a present request for tramadol when this medication has already been discontinued. Therefore, the request for Tramadol 50mg, #90 with 2 refills is not medically necessary.

HAND SURGEON CONSULTATION/TREAT WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- Independent Medical Examinations & Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the request for consultation/treatment with [REDACTED], who did the patient's surgery, was made because the patient had more pain and swelling. However, the present written request failed to specify what type of treatment was being requested. Although a consultation with a hand surgeon may be appropriate, there is no clear indication for the unspecified treatment being requested. Therefore, the request for Hand Surgeon Consultation/Treat With [REDACTED] is not medically necessary.