

<b>Case Number:</b>	CM13-0032295		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 General Surgery, and is licensed to practice in California, Massachusetts, and New York. 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. 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 43 year old female who suffered a work-related injury on 11/23/10, and has a history of neck and wrist injury. She underwent carpal tunnel release in June 2012 and had some improvement, but then symptoms persisted. In addition, the patient is on an oral NSAID (in addition to Norco.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for continued postoperative physical therapy twice a week for three weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**Decision rationale:** The patient has had maximal benefit postoperatively, and there is no evidence that continued physical therapy has led to improvement. There was an appropriate workup for recurrent carpal tunnel syndrome. There is no good documentation of the extent of any neck pathology and treatment, or a current shoulder evaluation and treatment. Therefore, the request is non-certified.

**The request for topical Diclofenac 10% / Flurbiprofen 25%, 120gm with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The patient is already utilizing Norco and an unspecified NSAID for pain management. There is no evidence that topical Diclofenac and Flurbiprofen will provide pain relief for the patient, despite being topical NSAIDs. Therefore, the request is non-certified.