

Case Number:	CM13-0032687		
Date Assigned:	12/11/2013	Date of Injury:	10/28/2004
Decision Date:	02/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopedic, and is licensed to practice in Georgia and Texas. 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 53-year-old male who reported an injury in 2004 secondary to a closed head injury that resulted in cervical fusion and 2 lumbar laminectomies. The patient developed chronic symptoms that ultimately resulted in a lumbar fusion in 03/2013. The patient's most recent clinical examination findings included a positive Tinel's sign over the median and ulnar nerves and muscle spasming. The patient's diagnoses included carpal tunnel syndrome secondary to cane/walker use and esophageal spasm secondary to traumatic brain injury. The patient's treatment plan included bilateral wrist splints for carpal tunnel syndrome and diltiazem LA (long acting) 120 mg every morning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diltiazem, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Hypertension treatment.

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has any significant deficits that would require this type of medication. The Official Disability Guidelines (ODG) recommend calcium channel blockers as a first line second addition in the treatment of hypertension. The clinical documentation submitted for review does not provide any evidence that the patient has any indications of hypertension or has failed to respond to first line treatments. Additionally, the clinical documentation submitted for review does have a lapse in clinical notes for several months that do not document any interim treatment. As such, the requested Diltiazem, QTY: 1.00 is not medically necessary or appropriate.

Wrist splints, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) does recommend wrist splints as a conservative treatment for carpal tunnel syndrome. However, the clinical documentation submitted for review lacks documentation of treatment or failure to respond to other types of therapy for an extended duration of time. The diagnosis of carpal tunnel syndrome cannot be clearly established within the documentation. As such, the requested Wrist splints, QTY: 1.00 are not medically necessary or appropriate.