

Case Number:	CM13-0034079		
Date Assigned:	12/06/2013	Date of Injury:	04/04/2010
Decision Date:	02/13/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation, 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 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 24-year-old male who reported an injury on 04/04/2010. The patient is diagnosed with tenosynovitis, cervical disc degeneration, and lumbar pain. The patient was seen by [REDACTED] on 07/23/2013. Physical examination revealed decreased range of motion in the left wrist with 4/5 grip strength. Treatment recommendations included continuation of current medication and initiation of hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of hand therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical Therapy

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Official

Disability Guidelines state treatment for tenosynovitis or synovitis includes 9 visits over 8 weeks. As per the clinical notes submitted, the patient has previously completed a course of occupational therapy. Documentation of a significant functional improvement was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.

nortriptyline: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. As per the clinical notes submitted, the patient does not present with neurologic deficits on physical examination. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified