

Case Number:	CM13-0037400		
Date Assigned:	12/13/2013	Date of Injury:	10/16/2012
Decision Date:	02/13/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Surgery 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 30 year old male who reported injury on 10/16/2012. The mechanism of injury was not provided. The patient was noted to have an open reduction and internal fixation of the left thumb on 10/25/2012. The diagnosis was not provided. The request was made for 1 left thumb hardware removal and 1 prescription of tramadol 50 mg #60. No clinical was submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left thumb hardware removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand & Wrist (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand & Wrist, Hardware Removal

Decision rationale: Official Disability Guidelines do not recommend routine removal of hardware except in the case of broken hardware or persistent pain. There was a lack of a submitted physical examination and x-ray findings to support the necessity for the requested

surgery. Given the above, the request for 1 left thumb hardware removal is not medically necessary.

1 prescription tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 78, 82, 93, 94, 113.

Decision rationale: California MTUS states central analgesics drugs such as tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. There was a lack of a physical examination and accompanying documentation with the request for tramadol. Given the above, the request for 1 prescription tramadol 50 mg #60 is not medically necessary.