

Case Number:	CM13-0038235		
Date Assigned:	02/20/2014	Date of Injury:	02/24/2010
Decision Date:	05/22/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/27/2013

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 claimant is a 52 year old female injured February 24, 2010. The clinical records for review include a prior operative report of July 16 indicating the claimant underwent a right hand carpal tunnel release and flexor tensynovectomy. Postoperative clinical records include a hand written report of October 8, 2013 indicating the claimant was status post tenosynovectomy and carpal tunnel release procedure with improvement following a course of physical therapy but still complains of weakness. The examination showed tenderness to palpation over the first carpometacarpal joint and first dorsal extensor compartment with positive crepitation. The recommendation was for continuation of medication management. There is also current clinical requests for continued use of postoperative physical therapy, chiropractic care and a brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The CA MTUS Guidelines would not support the continued use of Cyclobenzaprine. The clinical records indicate the claimant is several months following carpal tunnel and DeQuervain's release procedures. At present, there would be no acute indication for the role of muscle relaxants given the current clinical presentation. Muscle relaxants should only be used for spasm in the acute setting of symptomatic flare. The specific request for the medication as prescribed would not be medically necessary.

NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 151.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: CA MTUS states Norco is indicated for moderate to moderately severe pain. The CA MTUS Guidelines would not support continued role of narcotics. The role of Norco would not be indicated. There is noted to be weakness, the need for narcotic analgesics or purpose for narcotic analgesics would not be medically necessary.

PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: CA MTUS states Prilosec would be recommended if it was determined that the patient is at risk for gastrointestinal event. The CA MTUS Guidelines would not support the continued role of Prilosec. The claimant is with no documented demonstration of significant gastrointestinal risk for which a Proton pump inhibitor would be indicated. The continued role of the above in absence of gastrointestinal risk factor is not medically necessary.

A RIGHT WRIST BRACE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013 Updates: carpal tunnel procedure.

Decision rationale: CA MTUS states that day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The splint would be medically necessary after the surgery to provide comfort.

12 POSTOPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines would not support further physical therapy. At the time of request, it was indicated the claimant had attended seven sessions of physical therapy. The additional twelve sessions of physical therapy would exceed the guideline criteria for the role of therapy in the postoperative setting and would not be indicated.

12 CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The CA MTUS Guidelines would not support the role of chiropractic care for the claimant's current working diagnosis. Chiropractic treatments are not recommended in the setting of forearm, wrist or hand pain. It is not recommended for any diagnosis regarding the forearm, wrist or hand. The specific role of chiropractic sessions in the claimant's postoperative course of care would not be medically necessary.