

Case Number:	CM13-0038567		
Date Assigned:	03/21/2014	Date of Injury:	06/03/2011
Decision Date:	07/03/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Medicine 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 injured worker is a 33 year old male who sustained an injury on 06/03/11 when he tripped falling on a floor jack and tools. The injured worker sustained a fracture of the left wrist which required reduction and percutaneous fixation. Subsequent to the injury the injured worker developed symptoms consistent with left carpal tunnel syndrome. The injured worker underwent a left ulnar nerve and carpal tunnel release of the left elbow. Other treatment included physical therapy acupuncture and medications. On 09/24/13 the injured worker was unable to attend therapy due to recurrence of symptoms. The injured worker reported some benefit from medications. Physical examination consisted of check boxes. There was tenderness in the left medial epicondyle and left wrist. The injured worker was recommended to continue with Norco. Functional capacity evaluation was also ordered at this evaluation. Per the letter of appeal on 10/14/13 the injured worker was felt to be at permanent and stationary status after 09/24/13. The injured worker was recommended for a functional capacity evaluation to determine suitability of returning to work. The requested functional capacity evaluation and Norco 10/325mg #60 with one refill was denied by utilization review on 10/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Overturned

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) Fitness for Duty Chapter, functional capacity evaluation.

Decision rationale: Per the appeal information provided for review the injured worker was felt to be at or near permanent and stationary status as of 09/24/13. The injured worker had a number of physical requirements for his occupation. Given the determination of permanent and stationary status functional capacity evaluations would have been indicated in order to determine what extent of work the injured worker was able to perform. The injured worker still had continuing symptoms in the left upper extremity. Given the objective findings consistent with ongoing tenderness in the left upper extremity, a functional capacity evaluation would have been warranted in order to determine what if any appropriate restrictions would have remained with the injured worker following the determination of a permanent and stationary status. Therefore this request is medically necessary and appropriate.

NORCO 10/325MG #60 X1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review provided minimal indications regarding functional benefits obtained with the continued use of Norco. The 09/24/13 report only indicated that there was improvement with medications. No quantitative statements regarding functional improvement or pain reduction were noted. Per the MTUS Chronic Pain Guidelines, short acting narcotics can be considered for ongoing use to address moderate to severe musculoskeletal complaints. However, MTUS Chronic Pain Guidelines recommend that there should be ongoing assessments of the functional improvement and pain reduction with the use of short acting narcotics to support the continued use of this class of medications. As the clinical documentation submitted for review did not clearly identify any specific functional benefit or pain improvements obtained with this medication, the request is not medically necessary and appropriate.