

Case Number:	CM13-0039760		
Date Assigned:	12/20/2013	Date of Injury:	03/02/2012
Decision Date:	05/14/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

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 and Rehabilitation, and is licensed to practice in 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.

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 49-year-old male who reported an injury on 03/02/2012. The mechanism of injury was that the injured worker got propane on his left hand, resulting in first degree and second degree burns. The clinical documentation indicated that the injured worker had participated in 6 visits of physical therapy and occupational therapy, acupuncture, a thumb spica brace, a splint, medications and activity modifications. The documentation of 08/01/2013 revealed that the injured worker had tenderness to palpation. He was improving with occupational therapy, and it was indicated that the injured worker's inflammation was decreasing. The request was made for occupational therapy to the left wrist at 2 times 6 weeks. The diagnoses included left DeQuervain's syndrome and left thermal burns.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 2X6 FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Physical / Occupational Therapy and Preface of same.

Decision rationale: The California MTUS Guidelines were not applied as the injured worker had DeQuervain's. Secondary guidelines were sought. Per the Official Disability Guidelines,

medical treatment for radial styloid tenosynovitis DeQuervain's is 12 visits over 8 weeks. Additionally, they indicate that when treatment duration and/or the number of visits exceeds the guidelines, exceptional factors should be noted. The clinical documentation submitted for review indicated that the injured worker had utilized 6 sessions of occupational therapy and 6 sessions of physical therapy. There was a lack of documentation of objective functional benefit that was received with the occupational therapy and remaining functional deficits. Additionally, there was a lack of documentation indicating a necessity for 12 additional sessions without intermediate reassessment. Given the above, the request for occupational therapy 2 times 6 for the left wrist is not medically necessary.

PRESCRIPTION FOR NORCO 7.5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain as well as documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above criteria. Additionally, the request as submitted failed to indicate the frequency and the quantity of the medication being requested. There was an inability to establish duration of use through the submitted documentation. Given the above, the request for a prescription for Norco 7.5/325 mg is not medically necessary.

PRESCRIPTION OF SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)..

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide a DWC Form RFA for the requested medication. There was an inability to establish a duration of use for the requested medication. The request as submitted failed to indicate the frequency and the quantity of the requested medication. Given the above, the request for a prescription of Soma is not medically necessary.