

Case Number:	CM13-0045350		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2013
Decision Date:	04/01/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Medicine, 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. 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 43-year-old female who reported an injury on 05/28/2013. The mechanism of injury involved a crush injury of the right hand. The patient is currently diagnosed with fracture of the index finger. The patient was seen by [REDACTED] on 09/30/2013. The patient reported ongoing pain and swelling in the right index finger, as well as numbness, tingling, and spasm in the right upper extremity. Physical examination of the right shoulder revealed tenderness to palpation with spasm and decreased range of motion. Examination of the right index finger revealed tenderness to palpation with effusion and limited range of motion. Neurological examination revealed decreased sensation in all fingers of the right hand. The treatment recommendations included continuation of current medications and physical therapy, as well as authorization for a right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right carpal tunnel release between 10/30/13 and 12/29/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, a failure to respond to conservative treatment, and clear clinical and special study evidence of a lesion. Carpal tunnel syndrome must be proved by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. As per the documentation submitted for review, there were no electrodiagnostic studies provided for review. The patient's physical examination does not reveal signs or symptoms of carpal tunnel syndrome. There is also no evidence of a failure to respond to conservative treatment, including activity modification, night wrist splinting, medications, or home exercise. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is noncertified.

60 Fioricet between 10/30/13 and 11/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines state barbiturate-containing analgesic agents are not recommended for chronic pain. There is a risk of medication overuse as well as rebound headache. The patient has continuously utilized this medication. There was no documentation of chronic migraines or headaches. There is no indication of a functional improvement. As guidelines do not recommend the use of this medication, the current request is noncertified.