

<b>Case Number:</b>	CM13-0045964		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/05/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Florida, Maryland, Pennsylvania, Tennessee and West Virginia. 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 49-year-old female who reported an injury on 09/05/2011. The mechanism of injury was reportedly repetitive work associated with her employment. Her diagnoses included status post right and left carpal tunnel release and subelectrical left cubital tunnel syndrome. Her past treatments included braces, work modifications, physical therapy, cortisone injections, medications, acupuncture, and surgery. Diagnostic studies included an MRI of the left shoulder on 04/23/2013 and an MRI of the right shoulder on 04/23/2014. Her surgical history included right carpal tunnel release on 08/05/2013 and left carpal tunnel release on 05/13/2013. The progress note dated 09/30/2013 indicated the injured worker presented 6 weeks after carpal tunnel release and reported right hand pain rated 5/10 with intermittent numbness and tingling. Physical examination revealed right wrist and hand range of motion with flexion and extension rated at 25/25 and left wrist and hand range of motion with flexion and extension rated at 45/45. Her medications included Naproxen 550 mg, Ultram 50 mg, Prilosec 20 mg, and Flexeril 10 mg. The request was for outpatient pain management consultation for consideration for epidural injection due to ongoing pain after failed conservative treatment to Therapy and medication with no long term improvement. Outpatient postoperative occupational therapy, 2 to 3 times per week for 6 weeks for the right wrist and a pharmacy purchase of Flexeril 10 mg #30 were also, requested. The Request for Authorization form was also not included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient post-op OT 2 to 3x /wk for 6 wks for the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The request for outpatient post-op OT 2 to 3x /wk for 6 wks for the right wrist is not medically necessary. The California Post-Surgical Treatment Guidelines recommend up to 8 visits over 5 weeks for postsurgical treatment after carpal tunnel release. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Furthermore, guidelines indicate carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. The injured worker has completed at least 11 visits of physical therapy to date. Therefore, the request for additional treatment 2 to 3x/week for 6 weeks would further exceed the recommended maximum of 8 visits following the injured worker's surgical procedure. Therefore, the request for outpatient post-op OT 2 to 3x /wk for 6 wks for the right wrist is not medically necessary.

**Pharmacy purchase of Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**Decision rationale:** The request for pharmacy purchase of Flexeril 10 mg #30 is not medically necessary. The California MTUS Guidelines indicate antispasmodics, such as Flexeril, are recommended for a short course of therapy. Limited evidence does not allow for recommendation for chronic use. Specifically, cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. Clinical documentation indicated the injured worker had been receiving Flexeril since at least 07/2013. As the injured worker has exceeded the maximum duration of use according to the guidelines, the request is not supported. In addition, the request as submitted, failed to indicate a frequency of use for the medication. Therefore, the request for pharmacy purchase of Flexeril 10 mg #30 is not medically necessary.

**Outpatient pain management consultation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Office visit.

**Decision rationale:** The request for outpatient pain management consultation is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. The guidelines indicate that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications, such as opioids, or medications such as certain antibiotics, require close monitoring. A recommendation was made for the injured worker to see a pain management physician for consideration of epidural steroid injection. However, there was insufficient documentation of radiculopathy on physical exam and corroboration with diagnostic testing to warrant a possible epidural steroid injection. There was also a lack of details regarding previous treatment for the injured worker's neck. Therefore, the request for outpatient pain management consultation is not medically necessary.