

Case Number:	CM13-0051878		
Date Assigned:	12/27/2013	Date of Injury:	06/05/2013
Decision Date:	03/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 Illinois. 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 46 year old male who reported injury on 06/05/2013. The mechanism of injury was noted to be repetitive motion. The patient was noted to have complaints of pain with gripping, grasping, pushing, and pulling. The patient complains of greater pain on the right side more than left with occasional numbness and tingling at nighttime. The patient was noted to have completed 9 sessions of physical therapy rehabilitation with good benefit, and the patient was noted to have 3 remaining sessions. The diagnoses were noted to include bilateral wrist/forearm strain, tendinosis, De Quervain's tenosynovitis, and right carpal tunnel syndrome. The request was made for Ultram 50 mg and 4 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,93,94,113.

Decision rationale: California MTUS states central analgesics drugs such as tramadol (Ultram®), are reported to be effective in managing neuropathic pain and it is not

recommended as a first line oral analgesic. The patient was noted to have been using Voltaren XR once a day. The Voltaren XR was discontinued due to the patient's history of high blood pressure and a heart attack. The clinical documentation submitted for review failed to indicate that the patient had neuropathic pain. The patient indicated that they had pain with use of their hand. However, there was a lack of documentation of trial and failure of a first line oral analgesic. Given the above, the request for Ultram is not medically necessary.

4 Physical Therapy Sessions: Upheld

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

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

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had participated in 9 out of 12 sessions of physical therapy. The request was made by the patient to avoid surgery. There was a lack of documentation of objective functional benefit received from the therapy. The patient was noted to have tenderness over the flexor and extensor tendons. The patient was noted to have tenderness to palpation over the first dorsal extensor compartment, right side worse than left. The patient's left wrist was noted to have 60 degrees of flexion, 55 degrees of extension, 20 degrees of radial deviation, and 30 degrees of ulnar deviation. The right wrist range of motion was noted to be flexion of 54 degrees, extension 55 degrees, radial deviation of 20 degrees, and ulnar deviation of 30 degrees. There was a lack of documentation indicating the remaining functional deficits for 4 additional sessions. Additionally, there was lack of documentation per the submitted request for the part of body that would be treated with the 4 physical therapy sessions. Given the above, the request for 4 physical therapy sessions is not medically necessary.