

Case Number:	CM13-0057459		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2013
Decision Date:	04/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational 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 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 claimant is a 31 year old male with date of injury 6/18/2013. Per progress note dated 10/21/2013, the claimant complained of pain that affected his right wrist and right hand. He has been taking Motrin. He has been using Bio-Therm topical cream. On exam the right wrist revealed limited range of motion with flexion and extension to 30 degrees and radial and ulnar deviation to 10 degrees. Phalen's, Tinel's and Finkelstein tests were positive. Diagnosis is right wrist de Quervain tenosynovitis. Treatment plan includes plans for tenovagotomy of the first dorsal compartment with extensor tenosynovectomy, physical therapy (pre-operative and post-surgical), refills of Motrin and Bio-Therm topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per ACOEM Guidelines, the use of NSAIDs for the treatment of managing wrist and hand complaints is recommended (Table 11-7). The patient has right wrist and hand pain. The request for Motrin 800mg, #60 is determined to be medically necessary

Bio-Therm gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Biotherm is a topical analgesic containing capsaicin. Per Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents provided for review do not indicate that the claimant has failed at other first-line treatments. The request for Bio-therm 4 oz. is not supported by these guidelines, and is determined to not be medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The guidelines indicates that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. These guidelines recommend, with the on-going use of opioid therapy, the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is no indication that the claimant is being treated with controlled substances that may be diverted, or that he has suspicion of using illegal drugs. The request for urine drug screen with this claimant is determined to not be medically necessary.

Preoperative clearance prior to a surgical procedure: Upheld

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 ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery

Decision rationale: The claimant does not have any of the risk factors listed in the ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery

that would indicate the need for pre-operative evaluation. Also, the surgery that is to be performed is of low risk, and not expected to place the claimant at particular risk for a cardiac event. The request for pre-op clearance- prior to tenovagotomy compartment with extensor tenosynovectomy is determined to not be medically necessary.