

Case Number:	CM13-0058092		
Date Assigned:	02/21/2014	Date of Injury:	03/10/2007
Decision Date:	03/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic elbow, hand, shoulder, and finger pain reportedly associated with an industrial injury of March 10, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; and topical creams. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for tramadol, denied a request for an elbow sleeve, denied a request for a consultation with a hand specialist, and approved a request for consultation with a shoulder surgeon for second opinion. Despite the fact that the MTUS addresses the topic, the claims administrator selected several ODG Guidelines. In a progress note of September 3, 2013, the applicant is described as continuing to work as a cash accountant through the military. He reports persistent shoulder pain. He now has bilateral cubital tunnel syndrome symptoms, it is stated, which oral medications and topical creams are not helping. The applicant exhibits triggering about the bilateral thumbs. A positive impingement sign is noted about the shoulder. The applicant has lateral epicondylar tenderness. The applicant is given prescriptions for tramadol and unspecified topical creams. The applicant's work status is not clearly stated, although it does appear that he has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, #30: Overturned

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

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

Decision rationale: As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain, such as is reportedly present here. Tramadol, per page 82 of the MTUS Chronic Pain Medical Treatment Guidelines, is considered a second-line treatment. In this case, however, the applicant has apparently tried and failed first-line treatments, including NSAIDs. The request in question appears to represent a first-time request for tramadol. Therefore, the request is certified.

Sleeve Purchase Left Elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines -

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 46..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, Elbow Chapter, 2007, epicondylalgia supports such as the elbow sleeve being proposed here are "recommended." In this case, the applicant does seemingly carry a clinical diagnosis of lateral epicondylitis. An elbow support does represent appropriate treatment for the same, per ACOEM. Therefore, the original utilization review decision is overturned. The request is certified.

Referral to a Hand Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 270.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 270, referral for hand surgeon consultation may be indicated for applicants who have clear clinical and/or special study evidence of a lesion which has been shown to benefit, in both the short and long term, from surgical intervention. In this case, the applicant's bilateral trigger fingers are diagnoses which are considered amenable to surgical correction, per ACOEM Chapter 11, page 265. Therefore, the request is likewise certified, on Independent Medical Review.