

Case Number:	CM13-0058128		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2012
Decision Date:	04/10/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Hand Surgery 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 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 patient is a 38-year-old male who reported injury on 04/01/2012. The mechanism of injury was noted to be a cumulative trauma. The patient had a right carpal tunnel release on 09/27/2013. The examination note of 10/18/2013 revealed the patient had been taking tramadol and reported improvement in his pain level from 8/10 to 6/10 on a pain scale of 0 to 10 after the pain medications. The duration of tramadol was not provided. The patient's diagnosis was noted to be status post right carpal tunnel release. The request was made for tramadol and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE OCCUPATIONAL THERAPY (OT) 3 TIMES A WEEK FOR 6 WEEKS TO RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Treatment Guidelines indicate that the appropriate treatment for carpal tunnel syndrome post-surgically is 3 to 8 visits with the initial care being half the number of recommended visits. The clinical documentation submitted for review failed to provide the necessity for 18 visits as this would be excessive. Given the above,

the request for post-operative occupational therapy 3 times a week for 6 weeks to right wrist is not medically necessary.

ULTRAM 50MG #60 1-2 PO Q6H: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the duration of care. The office note dated 10/18/2013 revealed the patient had Ultram for moderate to severe pain affecting the right wrist with neuropathic pain involving the right upper extremity. The physician indicated they were prescribing the Ultram as a second line therapy as the patient has trialed and failed other first line therapies including physical therapy, activity restrictions, medications, and home exercise. It was indicated the patient's pain level went from an 8/10 to a 6/10 on a pain scale of 0 to 10 after pain medications. However, there was a lack of documentation of an objective improvement in function, evidence the patient was being monitored for aberrant drug behavior and side effects. It was indicated the patient medication was a continuance. Given the above, the request for Ultram 50mg #60 1-2 PO Q6H is not medically necessary.