

Case Number:	CM13-0065728		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2011
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for wrist, hand, and finger pain reportedly associated with industrial injury of February 28, 2011. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; unspecified amounts of physical therapy; unspecified amounts of physical therapy over the life of the claim; and the apparent imposition of permanent work restrictions. It does not appear that the applicant is working with said limitations in place. In a Utilization Review Report of December 3, 2013, the claims administrator approved a request for topical ketoprofen cream, denied a request for oral Norco, and denied a request for additional physical therapy, stating that the applicant had had 28 sessions of physical therapy over the life of the claim. The applicant is status post a trigger finger release and de Quervain's release surgery on March 6, 2012, it was stated. The applicant's attorney appealed the denial. On December 11, 2013, the applicant presented with persistent upper extremity pain. The applicant is on Daypro, Norco, and ketoprofen cream. The applicant is status post a lumbar fusion surgery, trigger finger release surgery, and de Quervain's release surgery. The applicant exhibits 5/5 strength with pain limited wrist range of motion and surgical scar appreciated. Additional physical therapy, topical ketoprofen, and Norco were endorsed. It was stated that the applicant is deriving 50% reduction in pain and is able to maintain activities of daily living such as self-care and dressing as a result of ongoing Norco usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL SESSION OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8 and 99.

Decision rationale: The applicant is now outside of the postoperative physical medicine treatment period established in MTUS 9792.24.3 following a wrist and trigger finger release surgery on March 6, 2012. The MTUS Chronic Pain Medical Treatment Guidelines is therefore applicable. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various intervals in the functional restoration program so as to justify continued treatment. In this case, however, the applicant appears to have reached the plateau with prior physical therapy treatment. A rather proscriptive 5-pound lifting limitation remains in place. The applicant does not appear to be working. The applicant remains reliant on various oral and topical medications. All of the above, taken together, imply a lack of functional improvement despite prior treatment (over 28 sessions) in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Therefore, the request for additional physical therapy is not certified.

HYDROCODONE 5/325 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain effected as a result of the same. In this case, the applicant has reported appropriate reduction in pain scores of 50% as a result of ongoing Norco usage. The applicant reports that her ability to use the injured hand and dress herself are improved as a result of ongoing Norco usage, although it does not appear that she has returned to work. Nevertheless, on balance, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Therefore, the request is certified, on Independent Medical Review.