

Case Number:	CM14-0102456		
Date Assigned:	07/30/2014	Date of Injury:	04/23/2011
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 43-year-old male who reported an injury on 04/23/2011 due to an unknown mechanism of injury. The injured worker's treatment history included carpal tunnel release. The injured worker was evaluated on 04/25/2014. It was documented that the injured worker complained of numbness and tingling in the bilateral upper extremities. He complained of clicking in the third digit of the left hand and some triggering of the right hand. However, it was noted that no palpable triggering of the right hand was evaluated. Physical examination revealed crease prominence noted over the left hand A1 pulley with mild clicking noted, with some restriction of sole section of the third digit of the left hand. The injured worker's diagnoses included a status post carpal tunnel release of the right hand on 03/13/2013, status post carpal tunnel release of the left hand in 11/2013, and trigger finger of the third digit of the left hand. The injured worker's treatment plan included third digit flexor tenosynovectomy with possible tenolysis and A1 pulley release of the third digit of the left hand, microcool motorized compression stockings, and postoperative medications. Postoperative medications and postoperative physical therapy were requested. The injured worker was evaluated on 06/26/2014 for preoperative purposes, and it was determined that the injured worker was at low to moderate risk for pulmonary or cardiac issues, and was cleared for surgical intervention. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Compression Pump and Stockings: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Based Guidelines (The Article "Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Venous Thrombosis.

Decision rationale: The requested DVT Compression Pump and Stockings are not medical necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines recommend compression pump and stockings for patients who are at significant risk of developing postsurgical deep vein thrombosis secondary to immobilization. The clinical documentation submitted for review does indicate that the injured worker will undergo an upper extremity surgical intervention. The Official Disability Guidelines indicate that upper extremity surgical interventions are at significant lower risk for development of venous thrombosis. The clinical documentation submitted for review does not support that the patient is at risk for developing postsurgical venous thrombosis. It was determined during the preoperative evaluation on 06/26/2014 that the injured worker was at low to moderate risk for pulmonary and cardiac issues, and cleared for surgical intervention. As the injured worker is not at a high or significant risk for postsurgical complications, the use of a DVT Compression Pump and Stockings are not medical necessary or appropriate.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Tramadol 50mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, functional benefit, managed side effects, and evidence that he injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 03/2014. The clinical documentation does not provide any quantitative assessment of pain relief, significant functional increases, or evidence that the injured worker is regularly monitored for aberrant behavior. Therefore, ongoing use of this medication would not be supported. Furthermore, the request, as it is submitted, does not clearly identify a frequency of treatment. As such, the requested Tramadol 50mg #60 is not medically necessary or appropriate.

