

Case Number:	CM14-0136588		
Date Assigned:	09/03/2014	Date of Injury:	10/31/2013
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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 injured worker is a 58 year old female who sustained an injury on 10/31/13. No mechanism of injury was noted. The injured worker has been followed for complaints of pain in the left thumb, neck, and lumbar spine. The injured worker had undergone prior injections at the left CMC joint without improvement. The injured worker was seen on 07/22/14 for ongoing complaints of pain in the left thumb. The injured worker denied any locking in the joint. On physical exam there was active locking and triggering of the left thumb. There was also tenderness to palpation of the A1 pulley. The injured worker was recommended for physical therapy for 6 sessions due to a flare up of pain in the left thumb as well as a surgical consult for active triggering of the left thumb. Medications included Ultram 50mg quantity 120. These requests were denied on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical/Occupational Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: In review of the clinical documentation provided for review, the injured worker developed a reoccurrence of left thumb pain and active triggering noted on physical exam. Given this recent flare up of active triggering in the left thumb that had not improved with prior injections, current evidence based guidelines would support a short course of physical therapy to improve range of motion and strength. The six sessions requested would be consistent with guideline recommendations regarding an initial trial of physical therapy to determine the response to treatment. As such, this reviewer would have recommend this request as medically necessary.

1 Surgical Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265; 271.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: In review of the clinical documentation provided for review, the injured worker developed a reoccurrence of left thumb pain and active triggering noted on physical exam. Given this recent flare up of active triggering in the left thumb that had not improved with prior injections, current evidence based guidelines would support a short course of physical therapy to improve range of motion and strength. The six sessions requested would be consistent with guideline recommendations regarding an initial trial of physical therapy to determine the response to treatment. As such, this reviewer would have recommend this request as medically necessary.

120 Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids, long-term asse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In review of the clinical documentation provided for review, the injured worker developed a reoccurrence of left thumb pain and active triggering noted on physical exam. Given this recent flare up of active triggering in the left thumb that had not improved with prior injections, current evidence based guidelines would support the use of medications such as NSAIDs or muscle relaxers to address the acute flare up of pain. An analgesic such as Ultram would be indicated with a failure of 1st line medications for pain or when these medications are contraindicated. Furthermore, the requested Ultram is at 200mg per day which is not a recommended starting dose per guidelines. As such, this reviewer would not recommend the request as medically necessary.