

Case Number:	CM14-0153633		
Date Assigned:	09/23/2014	Date of Injury:	06/20/2007
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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 and Rehabilitation 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 claimant is a 54 year old female who sustained a work injury on 6-20-07. On this date, the claimant slipped and fell at work landing on her tailbone area. Office visit on 6-30-14, the claimant reports bilateral wrist pain. The claimant is status post multiple surgical procedures including carpal tunnel release. The claimant cannot grip forcefully and cannot do repetitive work. The claimant has decreased range of motion of the cervical and lumbar spine. Negative Spurlings. The claimant has tenderness over the elbows, full range of motion of the elbows. Right wrist shows full range of motion, slight tenderness over the dorsal and volar wrist, ulnar and radial aspect of the right wrist. The claimant has left wrist mild tenderness the dorsal wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 10 visits at 2 x week for 5 weeks to bilateral hands and wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus

active self-directed home Physical Medicine. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Therefore, the medical necessity of this request is not established.

Tramadol 50mg on tablet BID PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter- Tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that she requires opioids at this juncture. Therefore, the medical necessity of this request is not established.

Pennsaid 1.3%, 5-10 drops each side of wrist bilaterally up to QID prn: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs Page(s): 111-112.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is an absence in documentation noting that this claimant has failed first line of treatment or that she cannot tolerate oral medications. Therefore, the medical necessity of this request is not established.