

Case Number:	CM14-0154772		
Date Assigned:	09/24/2014	Date of Injury:	04/25/2006
Decision Date:	11/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of April 25, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and reported return to work. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for Voltaren and eight sessions of physical therapy. The claims administrator's rationale comprised almost entirely of cited guidelines and contained very little in the way of applicant-specific information. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 18, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of bilateral upper extremity pain, right elbow pain, mid back pain, and low back pain. The applicant was given medication refills and asked to obtain wrist splints. Eight sessions of physical therapy were endorsed for reported flare in pain. The applicant was reportedly working on a part-time basis. The attending provider suggested that the applicant continue home exercises. The applicant still had complaints of upper extremity paresthesias, it was incidentally noted. The attending provider stated that the additional physical therapy was needed to reinstitute a home exercise program and further suggested that earlier physical therapy had proven beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg x30:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic upper extremity pain reportedly present here. In this case, the attending provider has posited in a handwritten progress note, referenced above, that ongoing usage of Voltaren has facilitated the applicant's return to part-time work at a hair salon and has also facilitated the applicant's performance of home exercises. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Physical Therapy 2x a week for 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

Decision rationale: The eight-session course proposed here is consistent with the eight-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuritis, the diagnosis seemingly present here. The attending provider, it is further noted, has seemingly posited that previous physical therapy had proven helpful in facilitating in the applicant's return to work and in attenuating the applicant's complaints of upper extremity paresthesias. Further treatment is indicated, given the flare in pain reported on August 8, 2014. Therefore, the request is medically necessary.