

Case Number:	CM14-0178041		
Date Assigned:	10/31/2014	Date of Injury:	09/13/2012
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 39 year old male with an injury date of 09/13/12. The 07/30/14 progress report by [REDACTED] states that the patient presents with right hand stiffness and pain with right thumb swelling. Examination shows minimal swelling of the right wrist and thumb with tenderness to palpation right wrist volar aspect with decreased range of motion and painful flexion. The patient's diagnoses include: Right wrist and thumb sprain with residual pain and stiffness Status post right wrist Carpal Tunnel Release 05/5/14. The operative report for the 05/15/14 CTR is included. Continuing medications are listed as Tramadol, Naproxen, and Omeprazole. The utilization review being challenged is dated 10/08/14. The rationale regarding Computerized Range of Motion Testing is that there is no explanation in the medical records as to why this is needed instead of manual measuring or how the information would alter clinical decision making. Reports were provided from 04/09/14 to 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111;60.

Decision rationale: The patient presents with right hand stiffness and pain and right thumb swelling post Carpal Tunnel Release of 05/15/14. The treater requests for MENTHODERM OINTMENT. The reports show the patient has been using this medication since at least 05/07/14.MTUS page 111 states that Topical Analgesics (NSAIDs) are indicated for peripheral joint arthritis/tendinitis. Methoderm is a compound analgesic containing Methyl Salicylate and Menthol. The patient has a diagnosis of right wrist sprain for which this medication is indicated. However, the treater does not state the intended use of this medication or if it helps the patient. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, recommendation is for denial.

Computerized range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter and Neck and Upper Back Chapter, flexibility

Decision rationale: The patient presents with right hand stiffness and pain and right thumb swelling post Carpal Tunnel Release of 05/15/14. The treater requests for COMPUTERIZED RANGE OF MOTION TESTING.ODG guidelines Low Back Chapter and Neck and Upper Back Chapter discuss Computerized Range of Motion testing under the Flexibility topic. It states it is not recommended as a primary criteria, but should be part of routine musculoskeletal evaluation. ODG does not address this in the Forearm, Wrist and Hand Chapter.The treater does not discuss this request in the reports provided. The Request for Authorization is not included. Presumably, the request is intended for the right wrist per the patient's diagnoses of right wrist sprain/strain and Status post right wrist Carpal Tunnel release on 05/15/14. In this case, this testing is not recommended by ODG for the wrist and there is no explanation as to how the measurements are to be part of the patient's routine evaluation. Therefore, recommendation is for denial.