

Case Number:	CM14-0180714		
Date Assigned:	11/05/2014	Date of Injury:	10/03/2012
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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:

This injured worker's date of injury is 10/03/2012. This patient reported persisting R upper extremity pain 4 years after beginning working as a baker. This patient receives treatment for chronic right elbow and wrist pain from overuse syndrome. The initial treatment was in October 2012. The treatment consisted of Medrol dose pack, ibuprofen, and physical therapy (PT) for 8 weeks. A hand specialist diagnosed mild cubital tunnel syndrome on the right that was treated with a nocturnal splint. NCV and EMG studies were normal. On 08/26/2013 the patient had surgery, open release of the cubital tunnel with ulnar nerve transposition. The patient struck the right elbow on a car on 03/11/2014. The medical diagnoses are overuse syndrome and probable CTS and cubital tunnel syndrome, s/p surgical correction of the latter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2 x 4 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: There are a few Primary Treating Physician's Progress Reports and requests for services in documentation, but they are hand written and very hard to decipher. The patient

did have PT for the upper extremity pain previously and the patient should be performing home exercises. The patient is now post-operative for the cubital tunnel diagnosis, but it is very challenging to figure out from the hand-written documentation what the justification for more PT is. Physical Therapy is not medically necessary.

Tramadol 50mg #60: 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 Opioids for chronic pain Page(s): 80-82.

Decision rationale: Tramadol is considered a centrally acting, weak opioid. Opioids for chronic pain are problematic as they may cause hyperalgesia, tolerance, drug dependence, and addiction. In addition in clinical trials they rarely lead to improvement in function as measured by outcome studies. In order to be recommended for long-term use, the medical documentation must address all of these issues. The documentation presented does not address these issues and therefore, continued use of Tramadol is not medically necessary.