

Case Number:	CM14-0034875		
Date Assigned:	06/23/2014	Date of Injury:	01/03/2002
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 injured worker is a 71 year old female with an injury date of 01/03/02. The mechanism of injury is not documented. An office visit on 02/25/14, noted the injured worker was seen for pain in the upper extremity and right hand. The patient has numbness and aching in the hand and the right wrist. Numbness was noted over the 1st and 2nd fingers on the right side. The injured worker rates her pain as a 4/10. Physical examinations left shoulder movements are restricted with flexion limited to 130 degrees due to pain, abduction limited to 50 degrees due to pain, internal rotation behind body limited to some reaching and touching L5 and external rotation limited to 40 degrees due to pain. Hawkin's test is positive. Neer's test is positive. Shoulder crossover test is positive. Empty can test and liftoff test is positive. Inspection of the right hand reveals a healed incision. Range of motion is restricted with flexion at the metacarpal phalangeal joint of the thumb limited to 25 degrees. Tenderness to palpations noted over the distal interphalangeal joint of the thumb and metacarpal phalangeal joint. Capillary refill in the right hand is normal. Finkelstein test is negative. Positive Phalen's at 20 seconds grossly positive, positive Tinel's, and positive carpal compression tests. Two-point discrimination was normal. The injured worker had her right carpal tunnel release in 2007, but with continued to have numbness and tingling in the median nerve distribution of the right hand, as well as sensitivity at the surgical scar. Medication is Cymbalta 30mg, Omeprazole 20mg, Methocarbamol 500mg, compounded drug containing Gabapentin and Cyclobenzaprine, Losartan, and Diltiazem. Prior utilization review dated 03/12/14 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (bilateral hands/wrist): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: The clinical documentation submitted for review does not support the request. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Functional capacity evaluation (FCE), as an objective resource for disability managers, is an invaluable tool in the return to work process. Reason for the FCE was not documented in the clinical records submitted. The request for functional capacity evaluation (bilateral hands/wrist) is not medically necessary.

Cymbalta 30 mg #30: 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), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duloxetine (Cymbalta®).

Decision rationale: The request for Cynbalta 30mg # 30 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of neuropathic pain or depression. As such, medical necessity has not been established.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, regarding proton pump inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Priolsec (2013). In Physicians' desk reference 67th ed.

Decision rationale: The request for Prilosec 20mg #60 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of gastrointestinal problems. As such, medical necessity has not been established.