

Case Number:	CM14-0036131		
Date Assigned:	06/23/2014	Date of Injury:	01/24/2014
Decision Date:	08/08/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Arizona. 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:

Patient is a 38 year old female with a date of injury on 1/24/2014. Diagnoses include bilateral wrist tendonitis, repetitive upper extremity injury, and wrist sprain/strain. Subjective complaints are of bilateral wrist and hand pain, forearm pain and elbow pain with numbness and paresthesias, right worse than left. Pain is rated at 7/10. Physical exam shows upper extremity range of motion was restricted in all directions, and tenderness in the palmar and volar wrists. Sensation is intact. Medication consists of Naproxen 550 mg twice a day. Office visit notes state that Naproxen alone was not controlling pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid for 30 days supply with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Diclofenac Gel is indicated for relief of osteoarthritis pain or tendinitis in joints that lend

themselves to topical treatment (ankle, elbow, knee, foot, hand, and wrist). For this patient, topical diclofenac has been utilized for the finger/hands/wrists and has documented effectiveness. Therefore, the continued use of Diclofenac Gel is consistent with guideline recommendations, and is medically necessary.

Physical therapy 2 times 5, for the bilateral upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST/FOREARM, PHYSICAL THERAPY.

Decision rationale: The Official Disability Guidelines (ODG) suggests to allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home physical therapy. For sprain/strains of the wrist, 9 visits over 8 weeks are recommended, and up to 14 visits for elbow ulnar nerve problems. For this patient, with wrist/forearm/elbow complaints, 10 visits of directed physical therapy with transition to a home exercise program falls within guideline recommendations. Therefore, the request for physical therapy is medically necessary.

Desktop computer with ergonomic keyboard, and mouse: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CARPAL TUNNEL, ERGONOMIC INTERVENTIONS.

Decision rationale: The Official Disability Guidelines (ODG) states that ergonomic interventions are under study. While results from several studies suggest that multiple component ergonomics programs, alternative keyboard supports, and mouse and tool redesign may be beneficial, none of the studies conclusively demonstrates that the interventions would result in the prevention of carpal tunnel syndrome in a working population. Therefore, the use of an ergonomic mouse and keyboard is not supported by guideline recommendations, and the medical necessity is not established.