

Case Number:	CM14-0040413		
Date Assigned:	06/27/2014	Date of Injury:	04/02/2012
Decision Date:	07/31/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This is a 43-year-old female who sustained injury on 04/02/2012 with repetitive activities at work that includes pushing, pulling, reaching, carrying, and lifting causing pain in her wrists with numbness and tingling in her hands. Past treatment includes bilateral wrist splints at night, modified duty, and medications (Neurontin). A progress report dated 03/07/2014 indicates her main concern was increased bilateral wrist and hand pain. She had difficulty gripping, grasping and repetitive activity. She was having numbness and tingling in her hands. Physical exam showed tenderness to palpation of the dorsum of the wrist. Mild loss of forward flexion and extension secondary to pain. No intrinsic or thenar atrophy noted. Positive Phalen bilaterally and negative Tinel. A progress report dated 03/21/2014 indicates patient presented with complaints of numbness and tingling, primarily within her right hand, constant and aching pain, drooping items within her left hand. Physical exam of the bilateral upper extremities showed some diffuse weakness throughout the bilateral upper extremities. There was equal strength. She continued to have mild tenderness to palpation of the carpal metacarpal joint region bilaterally. There was no pain with compression or distraction maneuver noted. The patient had complaints of increased numbness and tingling with Phalen's maneuver. There was negative Tinel. She was diagnosed with probable mild right carpal metacarpal joint arthritis, bilateral carpal tunnel syndrome, and right Guyon's canal syndrome. A UR dated 03/28/2014 indicates that the request for physical therapy 2 x 4 weeks is to modify to allow for 3 visits of physical therapy for education and a home exercise program since the guidelines allow for 1-3 visits of PT over 3-5 weeks for the patient's diagnosis. The request for Ultram was non-certified due to no documentation of failure of first-line medications and opioid treatment of neuropathic pain is discouraged. The request for Valium was non-certified due to no documentation of subjective complaints or objective findings that would support the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times weekly for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation ODG, Forearm, wrist & hand, physical/occupational therapy.

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

Decision rationale: This is a request for additional physical therapy x 8 for a 43-year-old female injured on 4/2/12 with chronic hand and wrist pain, among other musculoskeletal complaints, and diagnosis of bilateral carpal syndrome. The physical therapy appears to be for hand and wrist symptoms. According to California MTUS guidelines, physical medicine may be warranted for acute exacerbations of chronic pain for up to 10 visits over 8 weeks. However, in this case, it is not clear that the patient suffered an acute exacerbation, and right carpal tunnel surgery has been anticipated since at least December 2013. Further, there is no documentation of significant benefit from past physical therapy treatments. A physical therapy note from 9/3/13 reveals the patient was non-compliant with regard to physical therapy attendance, such that the patient was discharged after failing to keep 3 appointments. Therefore the request is not medically necessary.

Ultram 50 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Opioids: Tramadol Page(s): 74-85.

Decision rationale: This is a request for Tramadol for a 43-year-old female injured on 4/2/12 with chronic hand and wrist pain, among other musculoskeletal complaints, and a diagnosis of bilateral carpal syndrome. According to California MTUS guidelines, there are no long-term studies to allow for a recommendation for Tramadol use beyond 3 months. Further, medical records fail to establish clinically significant functional improvement from use of Tramadol. No specific rationale is provided from use of this medication. Therefore the request is not medically necessary.

Valium 5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 24.

Decision rationale: This is a request for Valium for a 43-year-old female injured on 4/2/12 with chronic hand and wrist pain, among other musculoskeletal complaints, and a diagnosis of bilateral carpal syndrome. According to California MTUS guidelines, long-term use of benzodiazepines is not recommended due to lack of demonstrated efficacy and risk of dependence. Further, medical records fail to establish clinically significant functional benefit from use of this medication. No specific rationale is provided for use of Valium. Therefore the request is not medically necessary.