

Case Number:	CM14-0056270		
Date Assigned:	08/08/2014	Date of Injury:	01/11/2013
Decision Date:	09/11/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/25/2014

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 Orthopedic Surgery 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 injured worker is a 26-year-old female who was reportedly injured on January 11, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 28, 2014, indicated that there were ongoing complaints of numbness and tingling in the bilateral upper extremities. There was some noted relief with acupuncture, and the neck has improved somewhat. The physical examination demonstrated a normal appearing individual with a negative Spurling's test, negative tenderness to palpation over the posterior aspect of the cervical spine, and upper extremity motor function to be 5/5. A full range of motion of the cervical spine was reported. There was some tenderness to the periarticular musculature of the right shoulder. No significant intra-articular pathology was identified. The left shoulder was tender to palpation and otherwise stable. Motor function was 5/5. Diagnostic imaging studies were not presented. Previous treatment included medications, physical therapy and conservative care. A request had been made for left carpal/cubital tunnel release, diclofenac extended release 100 mg #30, omeprazole 20 mg #30, tramadol extended release 150 mg #30, for postoperative physical therapy 3 x week x 6 weeks and vascultherm unit x 21 days and pain management consultation x1 office visit and was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal/cubital tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine guidelines, for such a surgical intervention, it requires objectification of severe changes noted on the diagnostic testing. Minimal physical examination findings are noted, and there is no electromyogram/nerve conduction study presented for review. Therefore, the criterion for such an intervention is not met, and this request is not medically necessary.

Diclofenac XR 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: This medication is not recommended, as noted in the California Medical Treatment Utilization Schedule, as a first-line secondary to the increased risk profile. There is evidence-based medicine studies available demonstrating a significant cardiovascular risk with this medication. As such, with other solutions available, there is no clinical indication presented as to why this medication is medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and is considered a gastric protectant for individuals utilizing non-steroidal medications. As noted, the non-steroidal medication presented for review is not medically necessary. Furthermore, there are no complaints of gastritis or other issues that require the use of this medication. As such, based on the limited clinical information presented for review, there is no medical necessity established for this preparation.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82,113 of 127.

Decision rationale: Tramadol is "not recommended" as a first-line therapy. This is a centrally acting synthetic opioid analgesic, and there is no clear clinical information presented why other preparations cannot be used, preferably nonnarcotic, for this pain complaint. Based on the limited information presented and taking into account the considerations outlined in the California Medical Treatment Utilization Schedule, this is not medically necessary.

Post Operative Physical Therapy 3 x week x 6 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: In that the request for the underlying surgery is not medically necessary, the postoperative physical therapy is also not medically necessary.

Vascutherm unit x 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna (see Appendix for selection criteria).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: In that the request for the underlying surgery is not medically necessary, the postoperative physical therapy is also not medically necessary.

Pain management consult x1 office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127.

Decision rationale: As the proposed surgical intervention is noted not medically necessary, the postoperative pain management consultation is not medically necessary.