

Case Number:	CM14-0061212		
Date Assigned:	07/18/2014	Date of Injury:	08/20/2011
Decision Date:	09/10/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine and Rehabilitation, 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 patient is a 59-year-old male who sustained an industrial injury to the right wrist on 8/20/2011, while operating a floor scrubber. Past medical treatment has included sling, injection, physical therapy, medications, and modified work. He last worked on 2/22/2013. The patient was seen for a follow-up evaluation on 3/31/2014. He reports pain rated 1-2/10 at rest and 8/10 with activity. Physical examination documents limited range of motion of the right wrist, full motion of the thumbs with pain on extremes of abduction and adduction, Jamar grip 0 right and 20 left. 3/31/2014 X-rays of the right hand and wrist reveal mild degenerative narrowing of radiocarpal joint space and 1st CMC joint space; and mild degenerative changes of interphalangeal joints and 1st CMC joint space. Diagnoses are chronic sprain/ strain with aggravated arthritis of the right wrist and extensor tendon injury to the right hand, and wrist associated with blunt trauma to the right elbow as of August 20, 2011. The patient recently presented for a follow-up evaluation on 5/28/2014. Voltaren was deemed medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg x 40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 113, 74-96.

Decision rationale: According to guidelines, opioids are recommended for moderate to severe pain if there is documented symptomatic or functional improvement from previous use, which is not clearly documented in the medical record. I agreed with the rationale in the UR report by [REDACTED] dated 4/28/14 that Ultram should be weaned. Since the medical necessity is established for Ultram to allow weaning and avoid withdrawal symptoms, I am reversing the prior UR decision.

Physical Therapy 2 x per Week x 4 Weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy for Specifically Identified Musculoskeletal Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand / Shoulder , Physical Therapy.

Decision rationale: The CA MTUS, Chronic Pain Guidelines do not adequately address the request for upper extremity Physical Therapy. Official Disability Guidelines (ODG) was used. The CA MTUS, Chronic Pain Guidelines do not adequately address the request for upper extremity physical therapy, therefore the Official Disability Guidelines (ODG) were used. As per ODG guidelines, Physical therapy (PT) is recommended as chronic pain modality of treatment for sprains/strains wrist as 9 visits over 8 weeks. From the UR report, it seemed like the medical necessity for PT is established but the request is modified for initial trial of 6 visits.