

Case Number:	CM14-0076034		
Date Assigned:	07/16/2014	Date of Injury:	04/27/2013
Decision Date:	08/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/23/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 29-year-old male who reported injury on 04/27/2013. The mechanism of injury was the injured worker was assisting a resident in bed. The injured worker sustained a closed navicular fracture. Prior treatments included a 4 corner fusion, postoperative hand therapy and activity modifications. The documentation of 05/08/2014, revealed the injured worker had pain over the dorsum of the wrist, especially when he struck it. The injured worker was complaining of stiffness. The physical examination revealed that the injured worker was tender over the dorsum of the wrist over the carpus. The injured worker was noted to have significant tenderness due to loose hardware and the documentation indicated the injured worker would like to go ahead with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Appointment with Orthopedic: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Office visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon the review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The clinical documentation submitted for review failed to provide the necessity for a repeat examination prior to the surgical intervention. Additionally, the request as submitted failed to indicate the quantity of appointments being requested. Given the above, the request for preoperative appointment with an orthopedic is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant for Pain Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): page 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide a DWC form, RFA or PR2 to support the request. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Additionally, as this medication should not be utilized for more than 3 weeks, a quantity of 60 would be excessive. Given the above, the request for cyclobenzaprine hydrochloride 7.5 mg #60 is not medically necessary.