

Case Number:	CM14-0076982		
Date Assigned:	07/18/2014	Date of Injury:	05/20/2002
Decision Date:	09/11/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Management 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 patient with a date of injury of 5/20/02. A utilization review determination dated 5/21/14 recommends modification of PT from 9 sessions to 3 sessions and oxycodone IR from #90 to #54. Patient was noted to be s/p left carpal tunnel release 4/9/14 with 5 PT sessions completed. 5/7/14 medical report identifies that the patient is attending PT and continues with same symptoms. Pain to surgical site was noted. The provider noted "Meds: Norco. All: Codeine, Motrin, Tylenol, Aspirin, Apracylin, Penicillin." On exam, [REDACTED] was 30/40/44 right and 12/14/14 left. There was decreased grip strength and decreased sensation. The incision was clean, closed and dry. PT 3 x 3 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine (9) Sessions Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

Decision rationale: Regarding the request for 9 PT sessions, California MTUS recommends 3-8 PT sessions over 3-5 weeks after carpal tunnel release, with half that amount recommended initially. Within the documentation available for review, the patient had completed 5 PT

sessions. There was no rationale identifying the medical necessity of additional PT beyond the recommendations of the CA MTUS. The previous utilization reviewer modified the request to 3 sessions, but unfortunately, there is no provision for modification of the current request to the 3 additional sessions supported by the CA MTUS. In light of the above issues, the currently requested 9 PT sessions are not medically necessary.

Oxycodone IR (Immediate Release) 30 mg. #90: 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): 120 of 127.

Decision rationale: Regarding the request for oxycodone IR, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, the documentation appears to suggest that other short-acting opioids are being utilized, which is redundant. Given all of the above, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone IR is not medically necessary.