

Case Number:	CM14-0081220		
Date Assigned:	07/18/2014	Date of Injury:	03/07/2014
Decision Date:	08/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Orthopedic Surgery, and is licensed to practice in Texas and Georgia. 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 47-year-old female who reported an injury on 03/07/2014. The mechanism of injury involved a fall. Current diagnoses include left shoulder contusion, left elbow contusion, bilateral wrist contusion, left hip contusion, lumbosacral strain, and left ankle strain. The injured worker was evaluated on 03/12/2014. The injured worker reported 8/10 pain. X-rays of the left elbow dated 03/07/2014 indicated normal findings. Physical examination revealed limited left shoulder range of motion, positive Neer and Hawkins signs, medial epicondylar pain with compression of the left elbow, positive swelling with ecchymosis, diminished grip strength in the left wrist, swelling in the left wrist, positive bruising in the left knee, audible popping with passive extension of the left knee, pain with medial and lateral meniscal loading, tenderness in the left ankle with full range of motion, limited lumbar range of motion, and tenderness to the left hip. Treatment recommendations at that time included prescriptions for naproxen 500 mg, hydrocodone 5/325 mg, and Robaxin 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg. #40 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to nonopioid analgesics. There was also no frequency listed in the current request. As such, the request is non-certified.

Keflex 500 mg. QTY:20: 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): Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Cephalexin (Keflex®).

Decision rationale: The Official Disability Guidelines state keflex is recommended as a first line treatment for cellulitis and other skin and soft tissue infections. The injured worker does not maintain a diagnosis of cellulitis. The medical necessity for the requested medication has not been established. There was also no frequency listed in the current request. As such, the request is non-certified.

Custom Long -arm Splint Hinged at the Elbow QTY: 1: 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); Forearm, Wrist, and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-23.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state early mobilization should be encouraged to prevent impairment and disability and can be best accomplished through instruction in the initial clinical visit. Treatments should include anti-inflammatory medication with an avoidance of immobilization except as necessitated by others injuries. The injured worker demonstrated full range of motion of the left elbow. The medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.

Physical Therapy twice weekly for five (5) weeks; left arm Qty:10: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20-22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 18-22.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The injured worker is currently pending authorization for a TFCC repair in the left upper extremity. However, there was no indication that this injured worker's surgical procedure has been authorized. As such, the request is non-certified.