

Case Number:	CM13-0044466		
Date Assigned:	06/13/2014	Date of Injury:	10/20/2010
Decision Date:	03/16/2015	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 25-year-old female who reported an injury on 10/20/2010. The mechanism of injury was not stated. The current diagnoses include status post ganglionectomy in 01/2013, recurrent ganglion cyst of the left wrist, and rule out De Quervain's tenosynovitis of the right wrist. The injured worker presented on 10/03/2013 with complaints of 6/10 left wrist pain. Previous conservative treatment included medication management and physical therapy. The current medication regimen includes tramadol ER 150 mg, Protonix 20 mg, naproxen 550 mg, and cyclobenzaprine 7.5 mg. Upon examination, there was a palpable cyst at the left wrist and a positive Finkelstein's test with spasm on the forearm musculature. Recommendations included continuation of physical therapy and the current medication regimen. A request was also submitted for an MRI of the left and right wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY OF THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There was no documentation of an acute trauma or a suspicion of a specific differential diagnosis. The medical necessity has not been established. As such, the request is not medically appropriate.

MAGNETIC RADIOACTIVE IMAGING OF THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS/ACOEM Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no documentation of the previous course of physical therapy with evidence of objective functional improvement. Additional treatment would not be supported. There was also no frequency or quantity listed in the current request. As such, the request is not medically appropriate.

MAGNETIC RADIOACTIVE IMAGING OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There was no documentation of an acute trauma or a suspicion of a specific differential diagnosis. The medical necessity has not been established. As such, the request is not medically appropriate.

CYCLOBENZAPRINE 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MUSCLE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating options for short treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. Although it was noted that the use of cyclobenzaprine 7.5 mg decreased spasms significantly and facilitated improved tolerance to daily activities, the injured worker continued to demonstrate spasm of the forearm musculature upon examination. There was no documentation of objective functional improvement. The guidelines do not recommend long term use of muscle relaxants. There was also no frequency listed in the request. As such, the request is not medically appropriate.