

<b>Case Number:</b>	CM14-0164847		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 47-year-old injured worker with reported interest or injury of January 5, 2013. Exam note from September 16, 2014 demonstrates complaints of bilateral wrist pain. Pain is noted increased with gripping, grasping, pushing, pulling. Pain is decreased with rest medication and home exercise program. Objective findings include tenderness palpation over the flexor and extensor tendons as well as the first extensor compartments. There is a positive Finkelstein's test noted bilaterally and normal range of motion. Diagnosis is made of bilateral forearm wrist sprain strain tendinitis with DeQuervains tenosynovitis and right carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran ODT, #10:** 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), Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ondansetron

**Decision rationale:** The California MTUS/ACOEM Guidelines are silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not

recommended for nausea and vomiting secondary to chronic opioid use." In this case, the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, the request is not medically necessary.

**Post Operative Physical Therapy for the right wrist, #8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** The Post Surgical Treatment Guidelines recommend 14 visits of therapy following release for DeQuervains with an initial trial of seven visits. As the request exceeds the initial seven recommended, the request is not medically necessary.