

Case Number:	CM14-0185796		
Date Assigned:	11/13/2014	Date of Injury:	01/06/2013
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/07/2014

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 Minnesota. 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 48 year old male with bilateral carpal tunnel syndrome. The electrodiagnostic studies were not provided. He underwent bilateral open carpal tunnel releases, the right side on 6/6/2014 and the left side on 6/20/2014. Previous orthopedic issues included left shoulder surgery for a rotator cuff tear in 2002, anterior cervical discectomy and fusion in 2003, and a right rotator cuff repair in 2013. After the carpal tunnel releases physical therapy was started on 7/21/2014. On 8/4/2014, 8 out of 12 certified visits had been completed. The progress note of 8/23/2014 documents grip strength of 88 on right and 98 on left. On 9/13/2014 the strength was 96 on the right and 100 on the left. On 10/21/2014 it was 90 on the right and 104 on the left. There was a painful area over the proximal interphalangeal joint of the left fifth finger due to an exostosis or cyst. There was tremor noted in both hands. Some residual paresthesias and pain was reported. The disputed requests pertain to a prescription for Mobic 7.5 mg # 30 and 8 sessions of physical therapy. Both of these requests were non-certified by UR citing MTUS and chronic pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263,264,Chronic Pain Treatment Guidelines NSAIDs, Meloxicam Page(s): 73.

Decision rationale: The California MTUS guidelines indicate use of non-prescription analgesics for pain relief in the majority of patients. If relief is inadequate then prescription drugs or physical agents may be added. The documentation does not indicate pain levels. Mobic has an off label use for mild to moderate pain. The documentation does not indicate what other agents were tried for the bilateral post-operative hand pain. As such the prescription for Mobic 7.5 mg # 60 was not medically necessary per guidelines.

Post-operative physical therapy for both hands, 2x4: Upheld

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

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

Decision rationale: California MTUS post-surgical treatment guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. The post-surgical treatment is 3-8 visits over 3-5 weeks. The initial course of therapy is half of this number. Then with documentation of objective functional improvement a subsequent course of therapy consisting of other half may be prescribed. The physical medicine treatment period is 3 months. The surgery was performed in June. The 3 months were over in September. The request for additional physical therapy was dated 10/21/2014. 12 physical therapy visits had been certified and completed. Based upon the guidelines the request for additional physical therapy 2 x 4 for both hands was not medically necessary.