

Case Number:	CM15-0008032		
Date Assigned:	01/26/2015	Date of Injury:	04/20/2010
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained a work related injury on April 20, 2010, with injuries to the right upper extremity. Diagnoses included right elbow fracture with an Open Reduction and Internal Fixation with closed manipulation and hardware removal, right cubital tunnel syndrome and ulna neuritis and bilateral wrist pain with neuritis and status post carpal tunnel release. He also had post concussion syndrome and post traumatic stress disorder. In 2014, he had right shoulder arthroscopic surgery. Treatments included physical therapy, work restrictions and medications for discomfort. Currently, in November 2014, he presents with complaints of aching pain in the right shoulder, sharp pain in the right elbow and numbness in the forearm with weakness and decreased range of motion. On December 16, 2014, a request for a prescription for Motrin 800mg #90 times 3 refills was modified to Motrin 800mg #90 and a request for an Orthopedic evaluation was non-certified by Utilization Review, noting the California MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #90 quantity times 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67-73.

Decision rationale: The patient presents with persistent right shoulder and right elbow complaints. The current request is for Motrin 800 mg #90 x 3. The treating physician states that the patient has aching pain in his right shoulder and aching, stabbing pain in his right elbow. He has pins and needles sensation in his right forearm. His medications are said to help him. The MTUS guidelines state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the treating physician is returning patient back to work on modified duty. The physician states that his medications help him. Motrin is recommended to reduce pain to restore function and activity. The current request is medically necessary and the recommendation is for authorization.

Consultation Orthopedic re-evaluation right elbow, bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7

Decision rationale: The patient presents with persistent right shoulder and right elbow complaints. The current request is for Consult orthopedic reevaluation right elbow, bilateral wrist. The treating physician states that the patient has aching pain in his right shoulder and aching, stabbing pain in his right elbow. He has pins and needles sensation in his right forearm. The ACOEM guidelines state, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treating physician indicates a referral for orthopedic consultation is needed. However, he does not discuss for what reason. In this case, the medical records have not provided information as to why an orthopedic reevaluation would be needed. The current request is not medically necessary and the recommendation is for denial.