

Case Number:	CM15-0102050		
Date Assigned:	06/04/2015	Date of Injury:	05/11/2009
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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
 Certification(s)/Specialty: Emergency 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 50 year old female, who sustained an industrial injury on 5/11/09. She reported initial complaints of right hand pain. The injured worker was diagnosed as having stenosing tenosynovitis right thumb. Treatment to date has included status post right carpal tunnel release of 2011 and right cubital tunnel release of 2012; physical therapy; medications. Diagnostics included x-ray right hand (4/9/15). Currently, the PR-2 notes dated 5/7/15 is a hand surgical consultation. The notes indicated the injured worker complains of worsening right hand pain. She reports that her pain is predominantly with use for the thumb. She is a status post right carpal tunnel release of 2011 and right cubital tunnel release of 2012. Medications are listed as Gabapentin, Tylenol, Lipitor and an antidepressant. On physical examination the provider documents a well-healed incision over the right carpal tunnel. She has negative Tinel, Phalen and compression testing. The area of maximal tenderness is over the thumb A1 pulley with a palpable nodule and mild locking and triggering. X-rays of the hands reveal diffuse early bilateral hand osteoarthritis. The provider diagnosed the injured worker with stenosing tenosynovitis over the thumb A1 pulley with palpable nodule/mild locking in triggering. He has recommended a cortisone injection, a course of therapy, ice and anti-inflammatories. The provider administered a right thumb injection on this date. He also dispensed Nabumetone 750mg #60 she can take twice a day. The provider is requesting physical therapy two times a week for 6 weeks for the right hand and Relafen 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) per week for six (6) weeks to the Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20- 9792.26 Page(s): 58-59 of 127.

Decision rationale: The patient sustained an injury in May of 2009. She subsequently developed right hand pain and has been diagnosed with tenosynovitis of the right thumb. She has been treated with carpal tunnel release, cubital tunnel release, physical therapy, and medications. The MTUS does make recommendations regarding physical therapy in hand injury cases, stating that physical therapy is not indicated for forearm, wrist, or hand complaints. At home, active exercises are more effective than passive manipulation for ongoing chronic pain relief. The request is not medically necessary.

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: The patient sustained an injury in May of 2009. She subsequently developed right hand pain and has been diagnosed with tenosynovitis of the right thumb. She has been treated with carpal tunnel release, cubital tunnel release, physical therapy, and medications. Relafen is in the category of NSAIDs. The MTUS does make recommendations regarding the use of this category of medication, stating the following: "Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely." The request is not medically necessary.