

Case Number:	CM15-0145732		
Date Assigned:	08/06/2015	Date of Injury:	02/14/2013
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old man sustained an industrial injury on 2-14-2013. The mechanism of injury is not detailed. Diagnoses include status post right shoulder surgery and chronic right wrist pain and functional loss. Treatment has included oral medications and surgical intervention. Physician notes dated 6-11-2015 show complaints of right shoulder, wrist, and finger pain rated 5-7 out of 10. The worker received a right shoulder steroid injection during this visit. Recommendations include physical therapy, Dynasplint, wrist MRI, Ultram, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for a few months. Long-term use is not recommended. Failure of Tylenol or NSAIDs is not mentioned. Continued and chronic use is not medically necessary.

Dynasplint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329.

Decision rationale: According to the guidelines, splinting is appropriate for carpal tunnel and DeQuervain's. It is optional for prolonged use due to developing stiffness and weakness. In this case, the claimant's wrist pain is chronic. There is no mention of the above diagnoses. Length of use of the Dynasplint is not specified. Continued use of Dynasplint is not medically necessary.