

Case Number:	CM15-0148368		
Date Assigned:	08/11/2015	Date of Injury:	04/28/2014
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female, who sustained an industrial injury on 4-28-14 Initial complaints were not reviewed. The injured worker was diagnosed as having neck sprain; cervicgia. Treatment to date has included status post right de Quervain's release, carpal tunnel and trigger thumb release (3-25-15); physical therapy; medications. Diagnostics studies included EMG/NCV study upper extremities (3-9-15); MRI lumbar spine (7-16-15). Currently, the PR-2 notes dated 7-10-15 indicated the injured worker is a status post right de Quervain's release, carpal tunnel and trigger thumb release on 3-25-15. She reports she is doing very well. The swelling is gone and no pain here, however, the thumb area has pain in the similar area. She denies any clicking, catching or any systemic symptoms and otherwise been going to therapy with continued pain. She reports she still sees pain management specialist for multiple other parts of her body symptoms. On physical examination, she has full range of motion of the right elbow, wrist and hand making a full fist. Sensation is intact to median, radial and ulnar nerve distribution with 2+ radial pulse. The incision site over the first dorsal extensor compartment is well-healed. The incision for the trigger thumb is nontender as well and site healed. The provider notes she is pointing more dorsally of the MP joint which she does states does cause her some pain in the area. She has a MRI lumbar spine report dated 7-16-15 reveals degenerative changes with no significant stenosis. There is foraminal narrowing demonstrated at L4-5 and L5-S1 due mainly to facet hypertrophy. The provider is requesting authorization of Post op Occupational Therapy 2 times a week for 4 weeks for the right hand Qty: 8.00 and Voltaren gel 13.5 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Occupational Therapy 2 times a week for 4 weeks for the right hand Qty: 8.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2014 with neck sprain; cervicgia. Treatment to date has included status post right de Quervain's release, carpal tunnel and trigger thumb release (3-25-15); physical therapy of unknown frequency, duration and functional improvement outcomes, and medications. She is status post right de Quervain's release, carpal tunnel and trigger thumb release on 3-25-15. She reports she is doing very well. The swelling is gone and no pain here, however, the thumb area has pain in the similar area. The objective functional improvement out of past therapy is not noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:-Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient, over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.

Voltaren gel 13.5 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: As shared, this claimant was injured in 2014 with neck sprain and cervicgia. Treatment to date has included status post right de Quervain's release, carpal tunnel

and trigger thumb release (3-25-15); physical therapy; medications. She is status post right de Quervain's release, carpal tunnel and trigger thumb release on 3-25-15. She reports she is doing very well. The swelling is gone and no pain here, however, the thumb area has pain in the similar area. Per the MTUS, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a workers' compensation or any patient. The request is not medically necessary.