

Case Number:	CM15-0167016		
Date Assigned:	09/04/2015	Date of Injury:	01/23/2014
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 (n) 49 year old male, who sustained an industrial injury on 1-23-14. He reported injury to his wrist and hands after carrying flies weighing 10lbs at chest level. The injured worker was diagnosed as having carpal tunnel syndrome, status post bilateral carpal tunnel release and hypertension. Treatment to date has included an EMG-NCS on 6-11-14, post-op physical therapy x 12 session, a right wrist cortisone injection, Gabapentin, Naproxen, Tylenol #4 and Flector patch. As of the PR2 dated 7-14-15, the injured worker reports pain in his bilateral upper extremities. He rates his pain an 8 out of 10 with medications and a 10 out of 10 without medications. Physical examination reveals tenderness on palpation in the bilateral wrists, decreased range of motion in the wrists due to pain and decreased sensation in the hands. The treating physician discontinued Norco. The treating physician requested physical therapy x 8 sessions for the bilateral upper extremities and to start Flector 1.3% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral upper extremities Qty: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp 9th Edition (web).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical /Occupational therapy guidelines.

Decision rationale: This 49 year old male has complained of wrist and hand pain since date of injury 1/23/2014. He has been treated with surgery, steroid injections, physical therapy and medications. The current request is for physical therapy of the bilateral upper extremities, qty 8. The available medical records document that the patient has had 12 sessions of physical therapy at the time of the request, however there is no documentation of functional improvement from these sessions. Per the ODG guidelines cited above, documentation of functional improvement from physical/occupational therapy sessions is required for extension of the number of approved sessions. On the basis of the available medical records and per the ODG guidelines cited above, physical therapy for the bilateral upper extremities is not indicated as medically necessary.

Flector patch 1.3% Qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 49 year old male has complained of wrist and hand pain since date of injury 1/23/2014. He has been treated with surgery, steroid injections, physical therapy and medications. The current request is for Flector patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Flector patch is not indicated as medically necessary.