

Case Number:	CM15-0184802		
Date Assigned:	09/25/2015	Date of Injury:	03/15/2013
Decision Date:	11/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 51 year old female, who sustained an industrial injury on 3-15-13. She reported pain in the right shoulder, neck, and right arm. The injured worker was diagnosed as having left wrist De Quervain tenosynovitis, carpal tunnel syndrome, and left thumb carpometacarpal joint osteoarthritis. Treatment to date has included a left carpal tunnel injection, right shoulder rotator cuff repair with biceps tendon tear, at least 5 physical therapy sessions, acupuncture, use of a left wrist brace and medication including Hydrocodone and Flexeril. Physical examination findings on 8-25-15 included left radial wrist tenderness, positive Finklestein's test on the left, and right shoulder keloids the in the surgical area. On 7-28-15, pain was rated as 6-7 of 10 without medication and 3 of 10 with medication. On 8-25-15, pain was rated as 8-9 of 10 without medication and 3-4 of 10 with medication. The injured worker had been taking Hydrocodone since at least June 2014. On 8-25-15, the injured worker complained of right shoulder and left wrist pain. On 9-10-15, the treating physician requested authorization for a 1-year independent gym program, Hydrocodone 10-325mg #30 with 1 refill, and a referral to a dermatologist. On 9-16-15, the gym program was non-certified, Hydrocodone was modified to exclude any refills, and the dermatology referral was partially certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent gym program, QTY: 1 year: 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), Forearm, Wrist & Hand (Acute & Chronic), Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter/gym membership and pg 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. The claimant was already undergoing PT and at their request, aquatic therapy was recommended. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The amount requested exceeds the amount suggested by the guidelines. The request for a gym membership is not medically necessary.

Hydrocodone 10/325mg QTY: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.

Referral to dermatologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rat C1, Grimault C2, Quareux G3, Dagoma M2, Gaultier A4, Khamari A3, Dreno B3, Nguyen JMS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had developed keloids after shoulder surgery. There was no mention of the quality of the keloid or if this was causing any pain, dysfunction, or significant limitation. In addition, the referral request did not specify the particular need for a dermatologist request. Primary care physicians can equally manage keloids. The request for a dermatologist is not medically necessary.