

Case Number:	CM15-0202598		
Date Assigned:	10/19/2015	Date of Injury:	06/11/2013
Decision Date:	11/30/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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 43-year-old male who sustained an industrial injury 06-11-13. A review of the medical records reveals the injured worker is undergoing treatment for status post tendon repair surgery 06-09-15. Medical records (08-14-15) reveal the injured worker complains of constant right wrist pain rated at 7/10, as well as numbness and tingling in the right thumb and right wrist scar. He rates his pain at 8/10 without medications, and 6-7/10 with medications. Other complaints include difficulty sleeping and report that repetitive hand and arm movements aggravate his pain. The physical exam (08-14-15) reveals a keloid scar at the right wrist, the right hand-wrist in a splint, and nonspecific tenderness at the right wrist with palpation. His blood pressure is reported at 152/101. Prior treatment includes right wrist surgery, 12 sessions of physical therapy, heat, and medications including Norco. The original utilization review (09-21-15) non certified the request for an unknown quantity of hydrochlorothiazide 12.5 mg and a Functional Capacity Evaluation. The injured worker has been on hydrochlorothiazide for blood pressure control since at least 03-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrochlorothiazide 12.5mg one tablet twice per day for hypertension: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JAMA. 2014 Feb 5; 311 (5): 507-20. doi: 10.1001/jama.2013.284427.2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). James PA1, Oparil S2, Carter BL1, Cushman WC3, Dennison-Himmelfarb C4, Handler J5, Lackland DT6, LeFevre ML7, MacKenzie TD8, Ogedegbe O9, Smith SC Jr10, Svetkey LP11, Taler SJ12, Townsend RR13, Wright JT Jr14, Narva AS15, Ortiz E16.

Decision rationale: According to the referenced literature, diuretics are part of the initial therapy for hypertension management. In this case, the claimant has hypertension and blood pressure measurements during several visits were not to be elevated. The continued use of Hydrochlorothiazide is medically appropriate.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs), Functional improvement measures.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. The claimant had range of motion evaluated during the office visit and is going to physical therapy where by functional capacity can be evaluated. As a result, a functional capacity evaluation is not medically necessary.