

Case Number:	CM15-0032958		
Date Assigned:	02/26/2015	Date of Injury:	01/04/2012
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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 46 year old female, who sustained an industrial injury on January 4, 2012. She has reported developed bilateral wrist pain through repetitive work associated with her employment. The diagnoses have included right upper extremity overuse syndrome, right shoulder tendinitis, right elbow cubital tunnel syndrome, right wrist carpal tunnel syndrome, de Quervain's tendinitis right wrist, and carpometacarpal joint inflammation of the right thumb. Treatment to date has included bracing, physical therapy, and medications. Currently, the injured worker complains of right shoulder pain, neck pressure, right elbow tenderness, right wrist pops with weakness, and right thumb increased pain with aching. The Primary Treating Physician's report dated January 15, 2015, noted a positive Finkelstein's testing of the right wrist. The Physician noted the injured worker required continuative palliative medications to be prescribed as they provided temporary relief from the physical symptoms of the injury which was sustained. On February 6, 2015, Utilization Review non-certified aquatic therapy QTY: 8, acupuncture QTY: 8, and Tramadol 50mg #90 with four refills. The UR Physician noted there was no documentation of failed land based therapy or of the injured worker's inability to tolerate gravity resisted therapy program, therefore the request for aquatic therapy QTY: 8 was denied. The UR Physician noted the request for acupuncture QTY: 8 was modified for QTY: 6, with future authorizations requiring documented objective evidence of derived functional benefit. The UR Physician noted that the request for Tramadol 50mg #90 with four refills did not have medical necessity established, however due to risk of withdrawal from abrupt cessation, the request was modified for QTY: 72, a 20% reduction to begin weaning. The MTUS Chronic Pain

Medical Treatment Guidelines and the MTUS Acupuncture Medical Treatment Guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of aquatic therapy QTY: 8, acupuncture QTY: 8, and Tramadol 50mg #90 with four refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: 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 injuries were not in weight bearing areas and the claimant was previously able to perform physical therapy. The request above is not medically necessary.

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to affectivity is 3-6 sessions. In this case, the request exceeds the amount to see therapeutic benefit. The acupuncture was also considered optional. Based on the above, it is not medically necessary.

Tramadol 50mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94 and 113.

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. Although it may be a good choice in those pains, the claimant's pain increased over time while on the medication. It was initial 7/10 while on medication to 9/10 recently. In addition, there was no indication of Tylenol failure. The continued use of Tramadol as above is not medically necessary.