

Case Number:	CM15-0038800		
Date Assigned:	03/09/2015	Date of Injury:	01/29/2013
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 female, who sustained an industrial injury on 1/29/2013. The initial complaints were not documented. The diagnoses have included tenosynovitis of the hand and wrist and reactive palmar fibrosis status post trigger finger release. The injured worker was treated with antibiotics for a surgical infection. Currently, the injured worker complains of pain in the palmar aspect of her hand. Evaluation of the right hand on 12/22/2014 demonstrated redundant skin. It looked like the infection had subsided; sutures were removed. The treatment plan was to start physical therapy. Norco was refilled. Documentation from 12/22/14 notes that the patient had undergone release of palmar fibrous scar nodule with continued pain. Norco refill was requested. Recommendation was made for initiation of physical therapy as well (to include the left thumb due to compensatory issues). Further documentation electronically signed 2/4/15 notes that the patient had reactive palmar fibrosis after previous RRF trigger release. She will need to participate in hand therapy and a HEP. Annotations from undated photographs note that the patient is doing well with hand therapy but still has significant pain and would benefit from continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions for the right hand and left thumb CTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19 and 22.

Decision rationale: The patient is a 55-year-old female who apparently had undergone a right ring finger trigger release as well as possible surgical treatment/release of a palmary fibrous scar nodule (c/w possible Dupuytren's contracture). However, it is unclear from the documentation if the trigger release was actually treatment of a Dupuytren's contracture. The overall level of documentation provided is severely lacking as many of the notes are partial progress notes. It appears that the patient would benefit from continued physical therapy, as there is documentation of improvement. However, it is unclear the exact number of physical therapy visits that have been attended and over what time interval. Therefore, further documentation is necessary to justify continued physical therapy. Thus, physical therapy should not be considered medically necessary.

Ultracet, ninety count: 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 Opioids Page(s): 75.

Decision rationale: The patient is a 55-year-old female who previously undergone trigger finger release/Dupuytren's treatment with apparent continued pain of the right hand. The patient had previously been treated with Norco. A request was made for Ultracet #90; however, the medical documentation provided is very limited and contains many partial notes. It is unclear if the patient is still on Norco and there is no justification for Ultracet in the documentation provided. Therefore, without complete/recent medical documentation Ultracet should not be considered medically necessary. Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids.