

Case Number:	CM15-0042667		
Date Assigned:	03/13/2015	Date of Injury:	05/16/2007
Decision Date:	04/15/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44-year-old female who sustained an industrial injury on 5/16/07. The injured worker reported symptoms in the shoulder and bilateral upper extremities. The injured worker was diagnosed as having carpal tunnel syndrome, limb pain, rotator cuff syndrome, ulnar neuropathy, muscle pain, chronic pain syndrome and numbness. Treatments have included physical therapy, home exercise program, opioid analgesic, ice application, splints, and H-wave therapy. Currently, the injured worker complains of pain in the bilateral shoulders and upper extremities. The plan of care was for physical therapy, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203, Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 5/16/07. The medical records provided indicate the diagnosis of diagnosed as having carpal tunnel syndrome, limb pain, rotator cuff syndrome, ulnar neuropathy, muscle pain, chronic pain syndrome and numbness. Treatments have included physical therapy, home exercise program, opioid analgesic, ice application, splints, and H-wave therapy. The medical records provided for review do not indicate a medical necessity for Physical Therapy x 6. The records indicate the injured worker recently had 6 physical therapy visits and benefited from it. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Therefore, the request for additional therapy is not medically necessary since the MTUS allows for up to 10 visits except in cases of reflex sympathetic dystrophy where about 24 are allowed. Besides, the Official Disability guidelines recommends on 1-3 visits over 3-5 weeks for Carpal tunnel syndrome.

Ultram ER 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79.

Decision rationale: The injured worker sustained a work related injury on 5/16/07. The medical records provided indicate the diagnosis of carpal tunnel syndrome, limb pain, rotator cuff syndrome, ulnar neuropathy, muscle pain, chronic pain syndrome and numbness. Treatments have included physical therapy, home exercise program, opioid analgesic, ice application, splints, and H-wave therapy. The medical records provided for review do not indicate a medical necessity for Ultram ER 300mg #30. The records indicate her urine drug testing revealed the of presence opioid medications that was not prescribed by the treating physician; but there was no indication anything was done to address it. Although the records indicate such medication was from a dentist, the MTUS recommends opioids medications should be from one source; the MTUS recommends re-discussion of the clinic policy on controlled substances, including the consequences of repeat violations.