

Case Number:	CM14-0165698		
Date Assigned:	10/10/2014	Date of Injury:	06/23/2010
Decision Date:	11/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old female who was injured on 06/23/2010. The mechanism of injury is unknown. Prior medication history as 07/15/2014 has included Naprosyn Sodium 550 mg, Hydrocodone-Acetaminophen 2.5 mg, Ultracin 0.025% and Cyclobenzaprine 7.5 mg. She underwent left carpal tunnel release in 07/22/2014. She has been treated conservatively with 9 sessions of physical therapy. Progress report dated 09/10/2014 states the patient presented for suture removal of the left wrist as she underwent surgery as mentioned above. She reported moderate to severe pain with associated numbness. She complained of tightness and soreness and complained of loss of motion. She noted she continued to need transportation to and from her therapy visits. Objective findings on exam revealed no sign of infection of the left wrist. There was tenderness to palpation at the surgical site as well as erythema swelling and warmth. The patient was diagnosed with left cubital tunnel syndrome. The patient was recommended for 6 additional sessions of post-op physical therapy for the left wrist. She was prescribed Norco 7.5/325 mg, Fexmid 7.5 mg, and transportation to and from all doctors and therapy visits. Prior utilization review dated 09/18/2014 states the request for Post-op physical therapy, 6 sessions (2x3) for the left wrist, Norco 7.5/325mg #60; Fexmid 7.5mg #60; and Transportation to and from all doctors and therapy appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy, 6 sessions (2x3) for the left wrist: Upheld

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

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

Decision rationale: According to the California MTUS, Post-Surgical Treatment Guidelines, there is limited evidence demonstrating the effectiveness of Physical Therapy for Carpal Tunnel Syndrome. Recommends 3-8 visits over the next 3-5 weeks for post-surgical treatments. Guidelines require documentation of objective improvement and a statement identifying why an independent home exercise plan program would be insufficient. In this case, 8 sessions have already been completed and there is no documentation of musculoskeletal deficits or indication of failed home exercise program to support the necessity of additional therapy. Therefore, this request is not medically necessary.

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. In this case, there is no documentation of significant improvement in pain or function and long term use is not recommended therefore, this is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Fexmid is a non-sedating muscle relaxant that is recommended at the lowest dose for the shortest period for patients with moderate to severe pain. In this case, there is no documentation of significant improvement in pain or function and long term use is not recommended therefore, this is not medically necessary.

Transportation to and from all doctors and therapy appointments: 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), Knee and Leg Chapter, Transportation (to and appointments), Department of Health Care Services-California, Criteria for Medical Transportation and Related Services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation

Decision rationale: According to the California Department of Health Care Services, Non-emergency Medical Transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. The documentation indicates that Non-emergency Medical Transportation is the only means of transportation for treatment however; indiscriminate certification of all transportation is excessive. Therefore, this request is not medically necessary.