

Case Number:	CM13-0058403		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2013
Decision Date:	03/23/2015	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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: Utah, Arkansas

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 44 year old male, who sustained an industrial injury on 8/25/2013. The diagnoses have included right hand laceration over the thenar eminence. Treatment to date has included medication. According to the progress report dated 10/17/2013, the injured worker complained of intermittent pain in his right hand, with pain radiating to his right elbow and up to his shoulder. He had numbness and tingling in his right hand. His pain was rated 6/10. He also had cramping and weakness in his right hand. His pain increased with gripping, grasping, flexing/extending, rotating and repetitive hand and finger movements. Physical exam revealed tenderness to palpation of the dorsal carpals. Finklestein test was positive. It was noted that the injured worker was intolerant to other treatment including physical therapy, chiropractic therapy, acupuncture, activity restrictions, medications and home exercise. Authorization was requested for occupational therapy for the right hand at a rate of two times a week for six weeks, Bio-Therm cream and Ultram. On 11/20/2013, Utilization Review (UR) non-certified requests for occupational therapy two times a week for six weeks for the right hand, Bio-Term 4oz and Ultram (Tramadol 50mg) #60. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 6 weeks for the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for the request is for occupational therapy sessions. MTUS guidelines state the following: Flexor tendon repair (forearm) [DWC]: Postsurgical treatment: 12 visits over 4 months. Postsurgical physical medicine treatment period: 6 months. According to the clinical documentation provided and current MTUS guidelines; 12 occupational therapy sessions are indicated as a medical necessity to the patient at this time.

Bio-Therm 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Biotherm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time.

Ultram (Tramadol 50mg) #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The documents state the patient has failed a trial of non-opioid analgesics, including Ibuprofen and PT. According to the clinical documentation

provided and current MTUS guidelines; Tramadol is indicated a medical necessity to the patient at this time.