

Case Number:	CM15-0016858		
Date Assigned:	02/05/2015	Date of Injury:	09/13/2012
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70-year-old female who reported injury on 09/13/2012. The mechanism of injury was not provided. Prior therapies included physical therapy. The injured worker was noted to undergo injections and was utilizing Tylenol with codeine. The surgical history included a right carpal tunnel release. The injured worker underwent x-rays of the right wrist. The documentation of 01/06/2014 revealed the injured worker had worsening symptoms in the right upper extremity. The injured worker had flare up of ulnar wrist pain. It was noted the medication list was reviewed. Current medications were not listed. However, the injured worker had diagnosis including arthritis, psoriasis, diabetes mellitus, osteoporosis femoral neck, thyroid disorder, esophageal reflux, hypertension and sleep apnea. Physical examination revealed there was edema in the overlying first dorsal compartment and the first dorsal web space between the index, middle and ring finger. Range of motion of the elbow, forearm, wrist and digits, with exclusion of the index finger, were within normal limits. The Finkelstein's test was painful with tenderness overlying the first dorsal compartment. The carpal compression and Phalen's test were positive for reproduction of aching and tingling into the thumb, index and middle finger within 30 seconds. The Tinel's sign was positive over the carpal tunnel. There was mild tenderness of the TFC increased with ulnar deviation and loading. The piano keys sign was negative. There was minimal thenar atrophy. There was some weakness rated 4/5. There was tenderness of the index finger a1 pulley with no nodular or active triggering. There was pain with hyperextension. Injured worker underwent x-rays and nerve conduction studies. The diagnoses included right mild carpal tunnel syndrome with positive nerve conduction studies

status post previous release, right index finger, trigger finger status post 3 injections, right de Quervain's tenosynovitis status post 1 injection and rule out right triangular fibrocartilage tear. The treatment plan included a proceed to surgery for a right index finger trigger finger release, right de Quervain's release and a right revision carpal tunnel release. The documentation indicated postoperative medications would include Tylenol No. 3 one to 2 by mouth every 4 to 6 hours as needed pain. There was no Request for Authorization and no rationale for the requested medication and home cervical traction unit. The most recent documentation was 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Cervical Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Cervical Auto-Traction (patient controlled) Devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction.

Decision rationale: The Official Disability Guidelines indicate a home cervical injured worker controlled traction unit is appropriate for injured workers with radicular symptoms in conjunction with a home exercise program. The clinical documentation submitted for review failed to provide a rationale for the requested treatment. Additionally, the request as submitted failed to indicate whether the unit was for rental or purchase, and the duration if for rental. There was a lack of documentation per the submitted request indicating the specific unit that was being requested. Given the above, the request for home cervical traction unit is not medically necessary.

Mobic 7.5mg QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic), and Osteoarthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The duration of use could not be established. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Mobic 7.5mg QD is not medically necessary.

