

Case Number:	CM15-0114259		
Date Assigned:	06/23/2015	Date of Injury:	01/18/2013
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female with an industrial injury dated 12/27/12. Diagnoses include Synovitis and tenosynovitis in diseases classified elsewhere, De Quervain's stenosing tenosynovitis right wrist, and Extensor carpi radialis brevis tendinitis left wrist. In a progress report dated 5/14/15, the primary treating physician notes there has been no significant improvement since the last exam. Current medications are noted as Omeprazole, Hydrocodone, Naproxen, Flexeril, and Tramadol. Work status is noted as temporary total disability for 6 weeks. In a progress report dated 5/11/15, a treating physician notes the injured worker has some pain at the dorsal-radial aspect of the left wrist but not at the previous surgical site. She had no relief with an injection to her right wrist first dorsal compartment done on her previous office visit. Exam notes mild to moderate tenderness at the extensor carpi radialis longus tendon insertion base of the left second metacarpal. No tenderness at the surgical site of the left wrist. There is mild to moderate tenderness of the right wrist first dorsal compartment. Finkelstein test is positive on the right and negative on the left. There is full range of motion in all digits of both hands and wrists. Grip on the right is 20 and on the left is 15. The treatment plan is to start Voltaren Gel 1%, apply three times a day to the affected areas, and occupational therapy three times a week for four weeks for bilateral hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy; 12 sessions (3 x 4): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for bilateral wrist pain. When seen, there was moderate tenderness bilateral and positive Finkelstein's testing on the right side. Although the assessment references the claimant as not taking any medications, the primary treating provider lists medications as including naproxen prescribed since at least January 2015. The claimant is being treated for chronic pain with no new injury. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 131-132.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for bilateral wrist pain. When seen, there was moderate tenderness bilateral and positive Finkelstein's testing on the right side. Although the assessment references the claimant as not taking any medications, the primary treating provider lists medications as including naproxen prescribed since at least January 2015. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral naproxen was also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.