

Case Number:	CM15-0115384		
Date Assigned:	06/23/2015	Date of Injury:	01/15/2014
Decision Date:	08/04/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66 year old female, who sustained an industrial injury on 01/15/2014. She has reported injury to the left hand/wrist. The diagnoses have included left wrist contusion from industrial injury, 01/15/2014; status post remote left wrist injury, 2005; and status post remote left wrist surgery 2008 and 2005, for left wrist mass excision, ulnar aspect. Treatment to date has included medications, diagnostics, injections, activity modification, heat, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise. Medications have included Hydrocodone, Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. A progress note from the treating physician, dated 03/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left wrist pain rated at 7/10 on the pain scale; numbness and sharp pain; her medications at current dosing facilitate maintenance of activities of daily living; without medication, activities of daily living were in jeopardy; frequent inability to adhere to recommended exercise regime without medication on board, due to pain, now maintained with medication; and Cyclobenzaprine decreases spasm, for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level and average of 3-4 points average on scale of 10. Objective findings included decreased range of motion of the left wrist/hand; tenderness over the scapholunate; grip strength is 4/5; sensory is intact; mild swelling of the left wrist; diminished sensation at the left median and ulnar distributions. The treatment plan has included the request for retrospective range of motion testing (ROM) for date of service: 04/07/15; and retrospective Cyclobenzaprine (Flexeril) 7.5mg #90 for date of service: 04/07/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective range of motion testing (ROM) for DOS 4/7/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257.

Decision rationale: Retrospective range of motion testing (ROM) for DOS 4/7/15 is not medically necessary per the MTUS Guidelines. The MTUS states that because they are interrelated structures, the forearm, wrist, and hand can be examined together for observation of any swelling, masses, redness, deformity, or other abnormality. This examination may be followed by evaluating active and passive range of motion within the patient's limits of comfort with the area as relaxed as possible. The documentation is not clear on why the range of motion testing cannot be part of the practitioner's physical examination on an office visit and why a how this will change patient management therefore this request is not medically necessary.

Retrospective Cyclobenzaprine (Flexeril) 7.5mg #90 for DOS 4/7/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 64 and 63.

Decision rationale: Retrospective Cyclobenzaprine (Flexeril) 7.5mg #90 for DOS 4/7/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.