

Case Number:	CM15-0115753		
Date Assigned:	06/23/2015	Date of Injury:	01/15/2015
Decision Date:	07/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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: Emergency 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 26 year old female, who sustained an industrial injury on 1/15/2015. She reported acute pain in the right wrist, hand and thumb from a straining type activity. Diagnoses include right wrist tendinitis, De Quervain's tenosynovitis, carpal tunnel syndrome and radial neuritis, and left wrist tendinitis secondary to overuse. Treatments to date include modified activity, medication therapy, physical therapy and acupuncture treatments. Currently, she complained of pain in the left wrist and thumb. On 3/27/15, the physical examination documented there was full range of motion in the left wrist, full strength, and no tenderness with palpation. Current medications included Acetaminophen and Etodolac ER. The plan of care included a functional restoration program twice a week for three weeks to address the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Anaprox Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68 of 127.

Decision rationale: The patient is a 26 year old female who sustained an injury in January of 2015. She has been diagnosed with overuse syndrome of the right wrist, including right wrist tendinitis, De Quervain's tenosynovitis, carpal tunnel syndrome and radial neuritis. She is currently on Acetaminophen and Etodolac ER. The request is for the use of the anti-inflammatory Anaprox. There is inadequate documentation of the reason another NSAID is being prescribed as she is currently on an anti-inflammatory. There is no discussion of pain improvement, functional restoration, or side effects seen with Etodolac ER. Due to the mentioned reasons, the request is not medically necessary.

Functional restoration program 2 times a week for 3 weeks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page (s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32 of 127.

Decision rationale: The patient is a 26 year old female who sustained an injury in January of 2015. She has been diagnosed with overuse syndrome of the right wrist, including right wrist tendinitis, De Quervain's tenosynovitis, carpal tunnel syndrome and radial neuritis. She is currently on Acetaminophen and Etodolac ER. The request is for participation in a functional restoration program. There is inadequate documentation of a failure of the current treatment plan with a significant loss in the ability to function independently as is required per the MTUS guidelines. As such, the request is not medically necessary.