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| Case Number: | CM15-0063388 | | |
| Date Assigned: | 04/09/2015 | Date of Injury: | 09/09/2013 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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, Arizona
 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 66-year-old female, who sustained an industrial injury on 09/09/2013. She reported a fall out of the shower, while attending a conference out of town. The injured worker was diagnosed as having left index finger tendon disruption, right ankle internal derangement and right ankle strain/sprain. Treatment to date has included diagnostics, bracing, physical therapy, consultation, and medications. Currently, the injured worker complains of right knee pain with locking sensation. She reported that left index finger had healed, but not fully, and she could not bend it all the way. She described loss of sensation and coldness, with bluish discoloration, in the left index finger. Her right ankle showed tenderness and swelling and she was unable to ambulate without a walker. Her right ankle and left index finger discomfort was rated 8/10. Her approved pain medications were documented as insufficient. Physical exam noted height at 65 inches and weight at 230 pounds. Pain and tenderness were noted in the foot and hand. Moderate muscles spasm were noted in the right dorsal foot, right ankle, right shin, right anterior knee, and left anterior hand. Range of motion was decreased in the left index finger, and the finger was blue and cold. Current medication regime was not noted, although a previous progress note (1/09/2015) noted Tylenol for pain. The treatment plan included magnetic resonance imaging of the left index finger, due to range of motion loss and pain, consultation for right ankle, referral for left finger, and Tramadol. Magnetic resonance imaging findings of the right foot and ankle were referenced in the Agreed Medical Evaluation report, dated 7/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documentation indicating the injured worker had objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg quantity 90 is not medically necessary.

MRI of Left Index Finger: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand chapter, MRI ½s (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings of a significant pathology. The documentation indicated the injured worker had undergone prior studies, which revealed left index finger tendon disruption. There was a lack of documentation indicating the injured worker had a substantial in findings or symptomatology to support a repeat MRI. Given the above, the request for MRI of the left index finger is not medically necessary.

Referral to Treating Physician: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visit.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms,

clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review indicated the request was made for a follow-up office visit. The specific type of physician referral being requested was not provided per the submitted request. Given the above, the request for referral to treating physician is not medically necessary.

Consultation with Treating Physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visit.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review indicated the request was made for a follow-up office visit. The specific type of treating physician being requested was not provided per the submitted request. Given the above, the request for Consultation with Treating Physician is not medically necessary.