MAXIMUS Federal Services

Case Number:	CM15-0069053		
Date Assigned:	04/16/2015	Date of Injury:	02/13/2013
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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 69 year old female, who sustained an industrial injury on 2/13/13. She reported neck and bilateral arms. The injured worker was diagnosed as having cervical disc displacement without myelopathy, cervical disc degeneration, neck pain and cervicobrachial syndrome. Treatment to date has included right thumb decompression with nerve block, bilateral carpal tunnel repair, massage therapy, oral medications, topical creams, acupuncture, physical therapy and home exercise program. Currently, the injured worker complains of gradual worsening of chronic neck and upper extremity with numbness and tingling of bilateral hands. The injured worker states massage therapy improved her functioning, reduced pain by 50% and improved range of motion. Physical exam noted tenderness to palpation over cervical facet joint with decreased range of motion. The treatment plan included further physical therapy and prescriptions for Venlafaxine Hcl, Naproxen Sodium, Pantoprazole and Diclofenac Sodium cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, BILATERAL HANDS (VISITS) QUANTITY REQUEST: 12:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did base their decision on the MTUS Chronic Pain Citation Title 8, California Code of Regulations, section 9792.20 et seq. Page 15-16.

Decision rationale: There is little evidence demonstrating the effectiveness of pain relief with physical or occupational therapy with carpal tunnel syndrome. The evidence may justify 3 to 5 visits after 4 weeks of surgery. Passive modalities such as heat, iontophoresis, ultrasound, electrical stimulation, should be minimized in favor or active treatment. The patient has already undergone a course of physical therapy as well as acupuncture and a home exercise program. Further passive treatment is not warranted based on the guidelines stated. The request is not medically necessary.

DICLOFENAC 1.5% 60GM QUANTITY REQUESTED: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-112 of 127.

Decision rationale: The MTUS guidelines advise the use of topical NSAIDs for osteoarthritis involving some joints for a 2 week period of time. Meta-analysis shows pain relief superior to placebo over this period of time with diminishing effects over the next 2 weeks. The indications for use listed are osteoarthritis or tendinitis with no evidence to support use in neuropathic pain. The patient has been diagnosed with multiple conditions, predominantly related to nerve compression. As such, topical NSAID therapy would not be deemed medically effective or necessary.