

Case Number:	CM13-0038519		
Date Assigned:	03/24/2014	Date of Injury:	11/03/2011
Decision Date:	06/16/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31 year old female whose date of injury is 11/03/11. The injured worker reported neck and bilateral upper extremity pain due to repetitive work activities. Orthopedic panel QME evaluation dated 04/18/13 indicates that x-rays, medication management, MRIs, acupuncture, TENS unit, PRP injections, and physical therapy. EMG/NCV dated 06/07/13 revealed evidence of mild carpal tunnel syndrome bilaterally, and mild chronic denervation in right triceps. Note dated 08/07/13 indicates that the injured worker refuses to take anti-inflammatory medications. Diagnoses are overuse syndrome of the right upper extremity with 1st carpometacarpal synovitis with possible mild de Quervain's, and right cervical/trapezial sprain/strain. The injured worker is declining corticosteroid injections and surgery. Permanent and stationary report dated 08/26/13 states that the injured worker reached maximum medical improvement and is now permanent and stationary with no objective or subjective factors of residual disability. Note dated 10/22/13 indicates that diagnosis is tendonitis of the right wrist/elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS TO RIGHT UPPER EXTREMITY:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy; Treatment in Workers Compensation, 7th Edition, 2008, Carpal Tunnel Syndrome, Physical Medicine.

Decision rationale: The injured worker has undergone extensive prior physical therapy. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the request for Physical Therapy is not medically necessary.

FOUR (4) ACUPUNCTURE THERAPY VISITS TO RIGHT UPPER EXTREMITY.:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has undergone prior acupuncture; however, the injured worker's objective, functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the request for Acupuncture Therapy is not medically necessary.

HOT/COLD CONTRAST SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Guidelines, Occupational Medicine Practice Guidelines, Evaluation and Management of Common Health Problems and Functional Recovery In Workers, Elbow Complaints, Revised 2007, page 27, Lateral Epicondylalgia (Lateral Epicondylitis).

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 and Hand Chapter, Cold Packs.

Decision rationale: The submitted records indicate that the injured worker was previously provided hot and cold packs for at-home use. There is no clear rationale provided to support a contrast system at this time. The Official Disability Guidelines recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs. Therefore, the request for Hot/Cold Contrast System is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Guidelines, Occupational Medicine Practice Guidelines, Evaluation And Management Of Common Health Problems And Functional Recovery In Workers, 2nd Edition ,2004, pages 137-138, Functional Capacity Evaluation (FCEs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: It appears that the injured worker has returned to work full duty, and there is no clear rationale provided to support a functional capacity evaluation at this time. Therefore, the request for Functional Capacity Evaluation is not medically necessary.