

Case Number:	CM13-0039347		
Date Assigned:	12/18/2013	Date of Injury:	02/15/2013
Decision Date:	02/26/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 57-year-old female who reported a cumulative trauma from 1993 through 02/15/2013. The patient was noted to have participated in physical therapy and to have had a cortisone injection in 1996 in the right wrist. The patient was noted to have bilateral carpal tunnel, per nerve conduction studies in 04/2013. The patient was noted to be diagnosed with hypertension in 1998 due to chronic pain. The patient was noted to be diagnosed with diabetes in 2004, attributed to stress on the job and ongoing hypertension. The patient was noted to have bilateral wrist/hand pain with numbness and tingling, bilateral elbow and shoulder pain, neck pain, low back pain, weight gain, and aggravated hypertension due to chronic pain and aggravated diabetes, as well as gastrointestinal complaints consisting of constipation and bloating secondary to medication use. The patient was noted to have decreased range of motion in the bilateral shoulders, lumbar spine, and cervical spine. The patient was noted to have sensation decreased along the median nerve distribution for the forearm, and the first through fourth digits, as well as a positive Tinel's, Phalen's, and Finkelstein's test bilaterally. The diagnoses were noted to include bilateral carpal tunnel syndrome, per nerve conduction velocities dated 04/30/2013, bilateral wrist extensor and forearm tendonitis with lateral epicondylitis, bilateral shoulder parascapular sprain/strain with impingement bursitis and tendonitis, cervical trapezial musculoligamentous sprain/strain with myofascial pain syndrome, lumbar musculoligamentous sprain/strain, weight secondary to chronic pain, aggravated hypertension secondary to pain, aggravated diabetes secondary to pain, and gastrointestinal complaints. The request was made for trigger point injections, follow-up appointment, bilateral wrist braces, bilateral wrist carpal tunnel syndrome injections, physical therapy, and an internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CCR 9792.9.1(a)(1), Utilization Review Standards.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. Clinical documentation submitted for review indicated the patient was being referred to an internal medicine doctor for aggravated hypertension and aggravated diabetes. However, there is a lack of documentation indicating the patient's blood pressure progressive readings to support the diagnosis of hypertension, and there was a lack of documentation to support the necessity to see an internal medicine physician for diabetes as there was a lack of documentation of laboratory results including A1C or other laboratory values indicative of diabetes. Given the above, the request for an internal medicine consultation is not medically necessary.

Physical therapy 3 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CCR 9792.9.1(a)(1), Utilization Review Standards

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Clinical documentation submitted for review indicated the patient had prior physical therapy; however, there was a lack of documentation indicating the duration of care and the part of body that was treated. Additionally, there is a lack of documentation of body part being requested, and 12 sessions would be excessive. There was a lack of documentation of the functional benefit received or remaining functional deficits to support the need for ongoing physical therapy. Given the above the request for physical therapy 3x4 is not medically necessary.

The request for bilateral wrist carpal tunnel syndrome injections under diagnostic ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CCR 9792.9.1(a)(1), Utilization Review Standards

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 268-269.

Decision rationale: ACOEM Guidelines indicate that in the case of peripheral nerve impingement, a primary treating physician may refer for a local lidocaine injection with or without corticosteroids. The patient was noted to have a steroid injection in 1996 on the right wrist, that gave symptomatic relief x3 months, and the patient was able to continue work. It was taken into consideration that the patient had sensation decreased along what median nerve distribution for the right forearm and first through fourth digits with a positive Tinel's, positive Phalen's, and positive Finkelstein's. However, there is a lack of documentation indicating necessity for the use of diagnostic ultrasound guidance to perform the injections. Given the above, the request for bilateral wrist carpal tunnel syndrome injections under ultrasound guidance is not medically necessary.

Bilateral wrist braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CCR 9792.9.1(a)(1), Utilization Review Standards

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 272.

Decision rationale: California MTUS Guidelines indicate that splinting is recommended as a first-line conservative treatment for carpal tunnel syndrome in the acute phase. Clinical documentation submitted for review failed to indicate whether the patient had prior splinting. Additionally, the patient was past the acute phase for the bilateral wrist braces, and there was lack of documentation of exceptional factors to indicate the patient had a necessity for the braces. Given the above, the request for bilateral wrist braces it not medically necessary.

Follow up appointment in 4-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CCR 9792.9.1(a)(1), Utilization Review Standards

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, office visits

Decision rationale: Official Disability Guidelines indicate that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns,

signs and symptoms, clinical stability, and reasonable physician judgment. Clinical documentation submitted for review indicated the patient had multiple subjective complaints and objective findings. The physician indicated the follow-up appointment would be to check the patient's response to the recommended treatment plan. However, per the submitted request, there was a lack of documentation indicating which doctor the patient would follow-up with. Given the above, the request for follow-up appointment in 4 to 6 weeks is not medically necessary.

Possibility of trigger point injections for the myofascial pain syndrome to the bilateral trapezius and levator scapulae muscles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CCR 9792.9.1(a)(1), Utilization Review Standards

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121,122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). Clinical documentation submitted for review indicated the patient had tenderness to palpation over the suboccipital region, bilateral paraspinal musculature, and bilateral trapezius muscles. The patient was noted to have active trigger points in the bilateral trapezius and levator scapula muscles with palpable twitch response. The patient was noted to have spasm and muscle guarding. The axial compression test was positive to elicit pain to bilateral paraspinal and trapezius muscles. However, there was a lack of documentation indicating that the patient had referred pain, and an indication that physical therapy, NSAIDs, and muscle relaxants had failed to control pain. Additionally, there was a lack of documentation indicating radiculopathy was not present by examination, imaging, or neurotesting. Additionally, there was lack of documentation indicating the quantity of injections being requested. Given the above, the request for possibility of trigger point injections for the myofascial pain syndrome to the bilateral trapezius and levator scapulae muscles is not medically necessary.