

Case Number:	CM13-0046580		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2009
Decision Date:	04/25/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 34 year old female with a date of injury on 5/7/2009. Patient has ongoing symptoms related to her hands, back, shoulder and bilateral hips. Diagnoses include bilateral carpal tunnel syndrome, de Quervain's tenosynovitis, chronic lumbar strain, cervicalgia, and SI joint dysfunction. Subjective complaints are of pain in these areas that is constant and getting worse. Pain is 8/10 without medications. Physical exam shows bilateral elbow tenderness and effusion. Both wrists reveal tenderness and a positive Finkelstein test. Lumbar spine shows tenderness over the paraspinal muscles, SI joint and bilateral trochanteric bursa, with limited range of motion. MRI of lumbar spine on 4/30/2013 revealed a disc protrusion at L4-5 causing mass effect on the right L5 nerve root. Documentation states that patient had previous conservative therapy for wrists and electrodiagnostic testing showed carpal tunnel syndrome. Records also state patient has had previous injections in right lateral hip/thigh, which did not provide any pain relief. A physical therapy (PT) initial evaluation encounter form for the back and hip was in the documentation, but there was no evidence of continued sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC EVALUATION FOR THE BILATERAL WRISTS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127. Official Disability Guidelines (ODG), Pain, Office Visits

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, there are complaints bilateral hand, wrist and elbow pain with concern for de Quervain's tenosynovitis, and carpal tunnel syndrome. Therefore, orthopedic consultation is medically necessary.

SI JOINT INJECTION BILATERALLY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, SI Joint Injection.

Decision rationale: The ODG recommends SI joint injections following failure of conservative treatment, such as four to six weeks of a comprehensive exercise program, icing, mobilization and anti-inflammatory. ODG recommends the following as criteria for the use of sacroiliac blocks: The history and physical should suggest the diagnosis. Diagnostic evaluation must first address any other possible pain generators. The patient has failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. For this patient, there is no documentation of intensive conservative measures, and a potential pain generator is identified in the lumbar spine from MRI. Furthermore, documentation states patient had prior unspecified hip/thigh injections which did not provide relief. Therefore, the medical necessity of a SI joint injection is not established.

PIRIFORMIS INJECTION BILATERALLY: 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), Hip and Pelvic Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, Piriformis Injections.

Decision rationale: The ODG recommends injections for piriformis syndrome after a one-month physical therapy trial. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation of the hip. For this patient, objective exam findings do not identify signs of piriformis pathology. Therefore, the medical necessity of a piriformis injection is not established.

TROCHANTERIC BURSA INJECTION BILATERALLY: 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), Hip and Pelvic Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Trochanteric Injections.

Decision rationale: The ODG states that trochanteric injections are recommended for trochanteric bursitis. For this patient, the submitted reports do not offer clear symptoms representative of trochanteric bursitis, or objective signs or associated provocation tests. Therefore, the medical necessity of a trochanteric bursa injection is not established.