

Case Number:	CM13-0046805		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2006
Decision Date:	02/26/2014	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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 an injury on 03/01/2006. The mechanism of injury was stated to be the patient had progressively increasing neck, bilateral elbow, bilateral wrist, and bilateral shoulder pain due to opening and closing large gates at the school. The patient was noted to undergo carpal tunnel releases in 1995 and 1996 and bilateral epicondylar releases in 2009, as well as bilateral 1st extension compartment release in 2009 and a right trigger finger release in 2010. The patient was noted to have bilateral elbow pain. The patient was noted to be participating in a home exercise program and stretching as tolerated. The patient was noted to have positive carpal compression tests bilaterally and positive Finkelstein's bilaterally. The patient was noted to have full motion of all MCP and IP joints bilaterally and grip strength was noted to be 4/5. The patient's diagnoses were noted to include status post bilateral carpal tunnel release, right bilateral epicondylar releases, bilateral epicondylitis, bilateral shoulder bursitis and impingement, bilateral carpal tunnel symptoms, and bilateral De Quervain's tenosynovitis. The request was made for bilateral thumb spica splints for bilateral wrist and hand symptoms and x-rays of the bilateral wrists, shoulders, and bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral universal 8" thumb spica splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 264.

Decision rationale: ACOEM Guidelines recommend initial treatment of carpal tunnel syndrome includes night splints and day splints can be considered for patients comfort as needed to reduce pain and is to be used additionally with work modifications. However, the patient's date of injury was noted to be in 2006. The patient was noted to undergo bilateral carpal tunnel releases in 1995 and 1996. The patient was noted to complain of pain in the bilateral hands, however, there was a lack of documentation indicating the necessity for day and night splinting postoperatively. Given the above, the request for bilateral universal 8 inch thumb spica splints is not medically necessary.

X-rays bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: ACOEM Guidelines recommend for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 weeks period of conservative care and observation. The clinical documentation submitted for review failed to provide the rationale for the requested x-rays and there was lack of objective findings to support the necessity for the x-rays. As such, the request for x-rays bilateral wrists is not medically necessary.

X-rays bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42, 43.

Decision rationale: ACOEM Guidelines indicate that x-rays should be considered when surgery is being considered for an anatomic defect and to further evaluate potentially serious pathology such as a tumor when the clinical examination suggests the diagnosis. The clinical documentation indicated the patient had positive pain with resisted long finger extension in the bilateral lateral epicondyles. The patient was noted to have bilateral epicondylar releases in 2009. There was lack of documented rationale and objective findings to support the necessity for the requested x-ray. Given the above, the request for x-rays of the bilateral elbows is not medically necessary.

X-rays bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: ACOEM Guidelines indicate imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for 1 month or more and when surgery is being considered for a specific anatomic defect. The examination of the bilateral shoulders revealed the patient's sensation to be intact in a C5 distribution to light touch and 4+/5 strength with flexion, abduction, external rotation, internal rotation, adduction, and extension. There was a lack of documentation indicating the rationale for the x-rays. Given the above and the lack of documentation of exceptional factors, the request for x-rays bilateral shoulders is not medically necessary.