MAXIMUS Federal Services

Case Number:	CM13-0049895		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2010
Decision Date:	08/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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 59-year-old who reported an injury on February 13, 2010, reportedly caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, MRI, nerve conduction, electromyography study, and medications. It was noted within the documentation that the injured worker had undergone an MRI of the left wrist on October 9, 2013 with no ulnar variant; however, there was fluid between the radius and navicula as well as in the first intracarpal space. The injured worker was evaluated on October 11, 2013 and was documented that the injured worker complained of bilateral hand and wrist pain with numbness radiating into the bilateral forearm. The injured worker had increased tenderness to palpation to the bilateral wrists with limited range of motion. There was a positive bilateral tenosynovitis and positive bilateral Phalen's and Tinel's sign. The diagnoses included cervical spine sprain/strain, right /left shoulder strain, tendonitis, right/left carpal tunnel syndrome, right/left sprain/strain elbow and right/left rotator cuff tear impingement syndrome. The request for authorization and the rationale were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral wrists: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine state that special studies for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation. Most patients improve quickly provided any red flag conditions are ruled out. If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggests specific disorders. As per the documentation records, EMG (electromyogram)/NCS (nerve conduction study) of bilateral wrists, extremities had severe evidence of median neuropathy at the wrists. It was noted within the documentation that the injured worker had a diagnosis of right/left carpal tunnel syndrome and a positive Phalen's test and Tinel's sign. Within the documentation, there is not a clear explanation why a MRI is recommended because of confirmed electrodiagnostic studies and positive clinical examination identifying the diagnoses of the injured worker the MRI is not warrant. Therefore, the request for MRI bilateral wrists is non-certified.

Physical therapy, two to three times weekly for six weeks,: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines may support up ten visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker was noted to have bilateral hand and wrist pain and numbness radiating to the bilateral forearm area. There is a positive bilateral tenosynovitis and positive bilateral Phalen's and Tinel's sign. The request that was submitted failed to indicate where the injured worker needs physical therapy. Given the above, the request for Physical therapy, two to three times weekly for six weeks, is not medically necessary or appropriate.