

Case Number:	CM13-0063479		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2012
Decision Date:	04/25/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgery 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 claimant is a 57 year old who injured his upper extremities in a work related accident on February 28, 2012. The clinical records provided for review included a November 1, 2013 assessment that documented complaints of bilateral hand and wrist pain and that the claimant was status post right carpal tunnel release on February 5, 2013. The physical examination was hand written and difficult to read. A recommendation for a consultation with a hand surgeon, eight additional sessions of physical therapy, the use of a thumb Spica wrist brace, a home stimulator unit and bilateral shoulder radiographs. The remainder of the clinical records did not identify recent imaging or documentation of physical examination findings. However there was clear documentation that the claimant had a significant course of physical therapy following his carpal tunnel release procedure February 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: Based on the CA ACOEM 2004 Guidelines, a hand consultation cannot be recommended as medically necessary. The clinical records document the claimant is already under the care of an orthopedic surgeon for which hand surgery has already been performed. There is no documentation to determine why further additional consultation would be indicated or what the goal of the consultation would be at this chronic stage in the clinical course of care. The specific request would not be supported.

Additional physical therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the CA MTUS Postsurgical Rehabilitative 2009 Guidelines, eight additional sessions of physical therapy are not indicated. The claimant has already undergone a significant physical therapy course since the time of his carpal tunnel release in February 2013. The Post-Surgical Rehabilitative Guidelines only recommend up to eight sessions of physical therapy over a three month period in the postoperative setting. The additional eight sessions being requested would not be supported.

Wrist brace with Thumb Spica: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): TABLES 11-4 AND 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines regarding splinting

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Carpal Tunnel Syndrome, Splinting

Decision rationale: The MTUS Guidelines are silent. According to the Official Disability Guidelines, the request for wrist Thumb Spica bracing would not be indicated. The claimant is postoperative after a carpal tunnel release procedure. The documented physical findings do not indicate an acute need for bracing at this chronic stage in clinical course of postoperative care. The absence of objective findings or a current working diagnosis to support bracing would fail to necessitate this modality.

EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118 AND 120.

Decision rationale: The CA MTUS Chronic Pain 2009 Guidelines do not support the use of a home stimulator unit. Interferential stimulation is not recommended as an isolated intervention. The records in this case would not support the role of this form of modality at this chronic stage in the claimant's clinical course of care and postsurgical process.

X-rays (B) shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure - Radiography, Indications for imaging -- Plain radiographs

Decision rationale: The CA MTUS and ACOEM Guidelines are silent for the chronic setting. The Official Disability Guidelines support plain x-rays of the shoulder in circumstances such as acute trauma or questionable bursitis. In this case bilateral shoulder radiographs are not indicated. The claimant is now in the chronic setting for his bilateral upper extremity complaints and there is no documentation of subjective complaints, acute clinical findings, or objective findings of the shoulder to warrant radiographic imaging. The specific request is not supported.

Retrospective request for ROM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): TABLE 12-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back procedure, Flexibility

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines range of motion retrospective would not be indicated. The ODG guideline does not recommend computerized range of motion in the clinical setting given the current clinical presentation. This form of physical examination assessment is not supported by the guidelines criteria and is not medically necessary.