

Case Number:	CM14-0001173		
Date Assigned:	01/22/2014	Date of Injury:	03/28/2012
Decision Date:	06/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/03/2014

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 & 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 50 year old female who reported an injury on 03/28/2012, due to continuous trauma. The clinical note dated 10/16/2013 presented the injured worker with tingling across the face, stiffness to the neck, numbness and pain to both hands that was worse to the right hand and caused frequent dropping of objects, and radiating pain and numbness. The injured workers physical exam of the right wrist revealed tenderness over the radial styloid and scapholunate joint, tenderness over the median nerve, 1+ swelling of the wrist, a positive Phalens and Tinel's test, and a small cyst to volar wrist. The left wrist examination revealed tenderness over the triangular fibrocartilage, scapholunate ligament, ulnar styloid, and radial styloid; there was also numbness and tingling, 1- swelling, and a positive Phalens and Tinel's. Range of motion assessment of the wrist revealed 50 degrees of bilateral dorsi flexion, 10 degrees of bilateral radial deviation, and 20 degrees of bilateral ulnar deviation. The EMG dated 02/07/2013 noted no evidence of presumptive cervical radiculopathy. The injured worker was diagnosed with carpal tunnel syndrome bilaterally, contusion of the elbow, teunspcynov hand/wrist, and sprain of the carpa, elbow, and wrist. The provider recommended physical therapy 3 times a week for 4 weeks for the bilateral wrists, an MRI of the bilateral wrists, and an MRI of the cervical spine. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4 BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. In this case, there was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The goal of the physical therapy treatment was unclear. The MTUS guidelines allow for up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed is unclear. Furthermore, the request for 12 sessions would exceed the guideline recommendations. Therefore, the request for physical therapy three times a week for four weeks for the bilateral wrist is not medically necessary and appropriate.

MRI BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, wrist, and hand, MRI.

Decision rationale: The Official Disability Guidelines recommend an MRI in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, for injured workers with triangular fibrocartilage (TFC), interosseous ligament tears, occult fractures, and avascular neurosis. In this case, there is lack of evidence in the medical documents that the injured workers diagnosis is congruent with the MTUS guideline recommendations for an MRI of the bilateral wrist. There was no mention of the course of treatment or the expected findings of the MRI. There was mention of a previous MRI, however the results were not included for review, and there was no mention as to why a repeat MRI was requested. Therefore, the request for MRI of the bilateral wrists is not medically necessary and appropriate.

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back, MRI.

Decision rationale: The Official Disability Guidelines recommend a cervical MRI for injured workers who have clear-cut neurologic findings and those suspected of ligamentous instability. MRI is the test of choice for injured workers who have had prior back surgery. In this case, the examination of the injured worker showed no physiologic evidence indicating tissue insult or nerve impairment or potentially serious conditions such as suspected tumor, infection, and fracture, and it was not indicated there was a need for clarification of anatomy prior to surgery ligamentous instability. The injured workers physical exam findings lack evidence of neurological deficit. Therefore, the request for a MRI of the cervical spine is not medically necessary and appropriate.