

Case Number:	CM14-0003558		
Date Assigned:	01/31/2014	Date of Injury:	12/10/2008
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 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 58 year old female who reported an injury on 12/10/2007 secondary to an unknown mechanism of injury. An EMG/NCV of the upper extremities on 10/22/2013 revealed severe median motor-sensory nerve entrapment at the wrist bilaterally without evidence of cervical radiculopathy. The injured worker attended an unknown duration of physical therapy between 09/09/2013 and 11/04/2013, and range of motion values on those dates were noted to be the same. She was evaluated on 12/09/2013 and reported numbness and tingling in the wrist which increased with activities and improved with rest. On physical examination, she was noted to have unspecified decreased bilateral wrist range of motion, tenderness to palpation, positive Tinel's, and positive Phalen's. She was diagnosed with bilateral carpal tunnel syndrome and bilateral wrist extensor tenosynovitis. It was noted that she was not working at the time of the request. A request for authorization was submitted on 12/16/2013 for an MRI of the bilateral wrist, physical therapy 3 times a week for 4 weeks for the bilateral wrist, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, & Hand Chapter, MRIs (magnetic resonance imaging).

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

Decision rationale: The request for MRI of the bilateral wrist is not medically necessary. The injured worker has reported chronic wrist pain with numbness and tingling. A recent EMG/NCV revealed median nerve entrapment at the wrist bilaterally without evidence of cervical radiculopathy, and the injured worker was diagnosed with bilateral carpal tunnel syndrome and tenosynovitis. California MTUS/ACOEM Guidelines recommend electrical studies in the case of peripheral nerve impingement. The injured worker has already undergone electrical studies which revealed clear indications of carpal tunnel syndrome. The guidelines state that imaging studies may be warranted to clarify a diagnosis. However, the medical records submitted for review fail to provide a rationale regarding a request for additional imaging. The records also fail to indicate that the diagnosis needs to be clarified. Furthermore, the guidelines do not recommend an MRI for tenosynovitis. Therefore, there is a lack of documented evidence to indicate that the injured worker would benefit from an MRI. As such, the request for MRI of the bilateral wrist is not medically necessary.

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE BILATERAL WRIST: Upheld

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

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

Decision rationale: The request for physical therapy 3 times a week for 4 weeks for the bilateral wrist is not medically necessary. The injured worker has been diagnosed with bilateral carpal tunnel syndrome and attended an unknown duration of physical therapy. Range of motion values on those dates was noted to be the same. The most recent evaluation notes unspecified limitations with activities of daily living and range of motion. California MTUS Guidelines recommend active physical therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. The medical records submitted for review fail to indicate that the injured worker has had improved function with regard to range of motion values and specific activities of daily living as a result of the recent physical therapy she attended. Therefore, additional physical therapy is not warranted. As such, the request for physical therapy 3 times a week for 4 weeks for the bilateral wrist is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Functional Capacity Evaluations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional capacity evaluation (FCE).

Decision rationale: The request for a functional capacity evaluation is not medically necessary. California MTUS/ACOEM Guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a [REDACTED] Program, with preference for assessments tailored to a specific task or job. There is a lack of evidence in the documentation submitted for review to indicate that a more precise delineation of patient capabilities is necessary as these have been obtained previously from routine physical examinations. There are no exceptional circumstances documented to indicate that the injured worker would benefit from a functional capacity evaluation. There is no indication in the medical records that the injured worker is being considered for a [REDACTED] Program, and recent evaluations have noted that the injured worker is not currently working. There is no documented rationale regarding the request for a functional capacity evaluation. As such, the request for a functional capacity evaluation is not medically necessary.