

Case Number:	CM14-0011234		
Date Assigned:	02/21/2014	Date of Injury:	11/09/2012
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 patient is a 50 year old female with a work injury dated 11/9/12. Her diagnoses include cervical strain, thoracic strain, L4-5 stenosis with possible spondylolisthesis, L3-4 and L4-5 annular tearing with disc desiccation, right shoulder partial-thickness rotator cuff tearing with bursitis, acromioclavicular joint symptoms and SLAP tearing, left shoulder impingement syndrome with acromioclavicular joint pain, bilateral tennis elbow, bilateral carpal tunnel syndrome, right scapholunate ligament injury with carpal bone contusion , right wrist strain, left wrist radial ganglion cyst, bilateral knee contusion, depression, dyspepsia aggravated by non-steroidal anti-inflammatory medication. The patient is status post right carpal tunnel release - 10/28/13. There is requests for the medical necessity of physical therapy two times a week for five weeks and also for the intramuscular injection of Toradol on 12/6/13. There is a 12/6/13 primary treating physician document that states that the patient complains of persistent bilateral-shoulder pain. She also complains of left hand pain. Her right wrist continues to improve status post carpal tunnel release, although she still experiences some residual pain. She is glad that she had the procedure. She is taking medication and using cream which helps to alleviate her symptoms. She is currently attending physical therapy. On examination of the right wrist, there "is a well-healed surgical scar consistent with carpal tunnel release" There is a negative Phalen's and Tinel's sign. The thenar eminence is mildly tender. There is no swelling. There is no instability. The document indicates that the patient was given an intramuscular injection of 2 cc of Toradol. The treatment plan states that this patient has made substantial improvement with physical therapy with respect to her right wrist. The provider recommends that she continue physical therapy for the right wrist two times a week for five weeks. The provider feels that this will help her return to work. Also the document states that she was given an intramuscular injection for symptomatic relief. Per documentation eight post-op PT visits were certified by the

AMC UR nurse on 06/18/13 when the right CTR was certified. Right CTR surgery was completed on 10/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMEA A WEEK FOR FIVE (5) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, CARPAL TUNNEL SYNDROME,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Physical Therapy two (2) times a week for five (5) weeks is not medically necessary per the MTUS Postsurgical guidelines. The documentation indicates that the therapy is for the right wrist after carpal tunnel release and the 8 sessions were certified for post op carpal tunnel release. The documentation does not include specific therapy notes with objective documentation of functional improvement. The guidelines state there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to 8 visits. The guidelines state that the benefits need to be documented. An additional 10 visits would exceed the guideline recommendations. Without documentation of objective improvements in therapy and due to the fact that an additional 8 visits would exceed guideline recommendations an additional 10 visits is not medically necessary.

INTRAMUSCULAR INJECTION OF TORADOL ON 12/6/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Ketorolac (Toradol®)

Decision rationale: Intramuscular injection of Toradol on 12/6/13 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG guidelines. The MTUS states that this medication is not indicated for minor or chronic painful conditions. The ODG states that the injection is recommended as an option to corticosteroid injections for the shoulder with up to three injections. The ODG states that Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy. The documentation from the date the medication was administered is not clear on the reason for the injection. Intramuscular injection of Toradol on 12/6/13 is not medically necessary.

