

Case Number:	CM14-0110429		
Date Assigned:	10/13/2014	Date of Injury:	02/03/2014
Decision Date:	12/04/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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 injured worker is a 48-year-old female who reported an injury on 02/08/2014. The mechanism of injury involved heavy lifting. The current diagnoses include rule out cervical sprain, right elbow strain, right wrist sprain, and radiculopathy. The injured worker was evaluated on 09/03/2014 with complaints of persistent pain over multiple areas of the body. The physical examination revealed weakness, decreased sensation in the medial forearm, restricted range of motion, and palpable tenderness. Treatment recommendations included an orthopedic spine consultation, a pain management consultation, a cervical collar, and 6 sessions of chiropractic treatment. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right wrist/elbow/forearm for 8 visits (2 times per week for 4 weeks): 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 Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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. The injured worker has previously participated in physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. Therefore, additional treatment cannot be determined as medically necessary at this time.

MRI right elbow and the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 238, 268.

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

Decision rationale: California MTUS ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. As per the documentation submitted, the injured worker's physical examination does reveal weakness, decreased sensation, and restricted range of motion. However, there is no mention of an exhaustion of conservative treatment for the right elbow and wrist. Therefore, the current request for an imaging study cannot be determined as medically necessary at this time.

Physical therapy times 8 visits for the right extremity: 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 Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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. The injured worker has previously participated in physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. Therefore, additional treatment cannot be determined as medically necessary at this time.

Chiropractic times 6 visits for the cervical and thoracic spine: 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 Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. It is noted that the injured worker has participated in chiropractic treatment. However, it is unclear whether the chiropractic treatment was directed at the cervical and thoracic spine. There was no physical examination of the cervical or thoracic spine provided on the requesting date. The request for 8 sessions would exceed guideline recommendations. Based on the clinical information received, the request is not medically necessary.