

Case Number:	CM14-0121897		
Date Assigned:	08/06/2014	Date of Injury:	12/05/2013
Decision Date:	09/25/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational Medicine 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:

Patient is a 34-year-old female who has submitted a claim for lumbar strain, myofascial pain syndrome, ulnar nerve entrapment, and internal derangement of the shoulders, elbows, and wrists associated with an industrial injury date of 12/5/2013. Medical records from 2014 were reviewed. Patient complained of frequent right wrist/hand pain, associated with numbness and tingling sensation. She had cramping and weakness in her right hand resulting to dropping several objects. Aggravating factors included gripping, grasping, rotating, and repetitive hand movements. Rest and medications helped to alleviate the pain. Physical examination showed no visible deformity, masses, nodules, contractures, muscle atrophy or asymmetry. Range of motion of the wrist was normal. Tenderness was noted along the right palmaris longus, flexor carpi radialis, Lister's tubercle, and 2nd and 4th metacarpals. Phalen's test was positive. Sensation was diminished along the median nerve distribution. Reflexes were normal. X-ray of the right wrist showed normal density of the bony structures. There were no fracture, dislocation, or subluxation. There was no soft tissue abnormality. EMG/NCV of bilateral upper extremities, dated 1/20/2014, was unremarkable. The documented rationale for an ultrasound is to evaluate soft tissues. Treatment to date has included 8 sessions of physical therapy to the right hand, 40 sessions of physical therapy to the right shoulder, extracorporeal shockwave therapy, use of a wrist brace, and medications. Utilization review from 7/16/2014 denied the request for Physical Therapy 2 times a week times 6 weeks (2x6) - right wrist because there was no documentation of objective improvement from previous sessions and it was likewise unclear why patient cannot perform independent home exercise program; and denied Ultrasound - right wrist because of no evidence of a trial and failure of conservative care, including an exercise program, local modalities, and the judicious use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 6 weeks (2x6) - right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, Chronic Pain Treatment Guidelines Physical Medicine Official Disability Guidelines; Forearm, Wrist, Hand Page(s): 98.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient completed 8 sessions of physical therapy to the right hand. However, there was no documentation concerning functional outcomes from these sessions. It is likewise unclear why patient cannot transition to a self-directed home exercise program. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for Physical Therapy 2 times a week times 6 weeks (2x6) - right wrist is not medically necessary.

Ultrasound - right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, Wrist, Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Ultrasound, diagnostic; Forearm, Wrist, and Hand, Ultrasound.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, the use of diagnostic ultrasound is only recommended as an additional option only in difficult cases of carpal tunnel syndrome. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. In this case, patient complained of frequent right wrist/hand pain, associated with numbness and tingling sensation. She had cramping and weakness in her right hand resulting to dropping several objects. Physical examination showed no visible deformity, masses, nodules, contractures, muscle atrophy or asymmetry. Range of motion and reflexes were normal. Tenderness was noted along the right palmaris longus, flexor carpi radialis, Lister's tubercle, and 2nd and 4th metacarpals. Phalen's test was positive. Sensation was diminished along the median nerve distribution. Multiple diagnostic procedures were already accomplished. X-ray of the right wrist showed normal density of the bony structures; there were no fracture, dislocation, or subluxation. Clinical manifestations may indicate carpal tunnel

syndrome; however, EMG/NCV of bilateral upper extremities was unremarkable. The documented rationale for an ultrasound is to evaluate soft tissues. It is reasonable to perform ultrasound given that patient has unrelenting symptoms supported by physical examination findings. Guideline criteria were met. Therefore, the request for 1 ultrasound study of the right wrist is medically necessary.