

Case Number:	CM14-0127678		
Date Assigned:	10/15/2014	Date of Injury:	07/10/2013
Decision Date:	11/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand, wrist, and forearm pain reportedly associated with an industrial injury of July 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 31, 2014, the claims administrator failed to approve a request for ultrasound testing of the hands and wrists, physical therapy, and MRI imaging. The claims administrator stated it was interpreting the request for ultrasound of the hands and wrists as diagnostic ultrasound testing. Despite the fact that ACOEM does not address diagnostic ultrasound testing of the hands and wrists, the claims administrator nevertheless stated that it was basing its denial for ultrasound of the hands and wrists on Chapter 11 ACOEM guidelines. The applicant's attorney subsequently appealed. In a work status report dated July 2, 2014, the applicant was placed off of work, on total temporary disability. In a Doctor's First Report of the same date, July 2, 2014, the applicant was given bilateral wrist supports along with a prescription for Motrin. Multifocal bilateral wrist and shoulder pain were noted. The applicant was given various diagnoses including possible carpal tunnel syndrome versus cubital tunnel syndrome versus cervical strain versus thoracic strain versus shoulder impingement syndrome versus wrist triangular fibrocartilage complex (TFCC) tears. The note was very difficult to follow. In a narrative report of the same date, July 2, 2014, the attending provider noted that the applicant had constant aching shoulder and neck pain. Numbness and tingling were noted about all digits of the left and right hands. Limited grip strength was noted about the left hand. Diminished sensorium was noted about the median nerve distribution bilaterally. The applicant was placed off of work, on total temporary disability while electrodiagnostic testing of the bilateral upper extremities, MRI imaging of the cervical spine, MRI imaging of the thoracic spine, ultrasound

testing of the shoulders, hands, and wrists, a pain management consultation, a urine drug testing, Motrin, wrist supports, and 12 sessions of physical therapy were sought. Earlier electrodiagnostic testing of the bilateral upper extremities of September 23, 2013 was notable for mild-to-moderate right-sided carpal tunnel syndrome and possible left-sided carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of bilateral hands/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 ACOEM Practice Guidelines, Third Edition, Carpal Tunnel Syndrome section.

Decision rationale: The MTUS does not address the topic of diagnostic ultrasound testing of the bilateral hands and wrists for carpal tunnel syndrome, the diagnosis reportedly present here. As noted in the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter, there is no recommendation for or against usage of ultrasound testing to help establish a diagnosis of carpal tunnel syndrome. In this case, however, the applicant already has an established diagnosis of bilateral carpal tunnel syndrome made on the strength of earlier electrodiagnostic testing of the bilateral upper extremities, referenced above. It is unclear why ultrasound testing, which, per ACOEM, has a tepid rating-"no recommendation"-is being sought here in light of the fact that the diagnosis of bilateral carpal tunnel syndrome has already been definitively established. Therefore, the request is not medically necessary.

Physical therapy two times a week for six weeks for the hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99 8.

Decision rationale: The 12-session course of treatment proposed represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuritis, the diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work and on total temporary disability, despite having earlier unspecified amounts of physical therapy over the course of the claim. Earlier conservative treatment with physical therapy, time, medications, and splinting seemingly

did prove unsuccessful as evinced by the applicant's complaints of progressive worsening upper extremity paresthesias. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for 12 sessions of physical therapy is not medically necessary.

MRI of the right hand and left hand: Upheld

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

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

Decision rationale: The primary operating diagnosis here is bilateral carpal tunnel syndrome, electrodiagnostically confirmed. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. No rationale for selection of this particular test was furnished in the face of the tepid-to-unfavorable ACOEM position on the same. It is further noted that diagnosis of carpal tunnel syndrome has been definitively established through earlier electrodiagnostic testing, referenced above, and seemingly obviating the need for the proposed MRI. Therefore, the request is not medically necessary.

MRI of the right and left wrist: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging scored a 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the issue seemingly present here. No compelling rationale for selection of this particular test in the face of the tepid-to-unfavorable ACOEM position on the same was furnished by the attending provider. It is further noted that the applicant has already had earlier positive electrodiagnostic testing which did seemingly definitively establish the diagnosis at issue, carpal tunnel syndrome. It was not clearly stated why MRI imaging was being sought here as the diagnosis in question has been definitively established earlier in the course of the claim. Therefore, the request is not medically necessary.