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| Case Number: | CM14-0130721 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 07/01/2013 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 Internal 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 patient is an injured worker with the diagnoses of bilateral lateral epicondylitis, right ulnar neuropathy cubital tunnel, right median neuropathy carpal tunnel, left ulnar neuritis cubital tunnel, left median neuritis carpal tunnel, and cervical chronic pain. Date of injury was 07-01-2013. Mechanism of injury was cumulative trauma. Orthopedic specialist progress report dated 6/17/14 documented subjective complaints of numbness and electrical shocking sensations in both hands, numbness and tingling of the right and left forearms and elbows, cramping of the right and left little fingers, slight swelling tightness of the right and left forearms, numbing of the right and left arms at night, weakness of the right and left hands, and pain in the neck shoulder region right side. According to the progress report, "physical examination remains unchanged." Diagnoses were bilateral lateral epicondylitis, right ulnar neuropathy cubital tunnel, right median neuropathy carpal tunnel, left ulnar neuritis cubital tunnel, left median neuritis carpal tunnel, and cervical chronic pain. The treatment plan included request for occupational therapy, splint, and cervical spine MRI. The physician requested occupational therapy for the right upper extremity for right carpal tunnel symptomatology. This is to be in addition to specialized splinting of the wrist in neutral position, wearing the splint at all times. The physician requested authorization for an MRI of the cervical spine. Occupational therapy 2 times per week for 4 weeks was requested. The physician requested custom short arm splint, wrist neutral, fingers and thumb free, customized by a certified hand therapist. All modalities for carpal tunnel syndrome symptomatology were requested. MRI of the cervical spine was requested. Orthopedic specialist progress report dated 6/4/14 documented that the "physical examination remains unchanged." Orthopedic specialist progress report dated 5/9/14 did not document a physical examination of the cervical spine. Physical medicine and rehabilitation consultation report dated 6/4/14 provided a review of medical records. On July 01, 2013, the patient referred to a medical group

for her occupational injuries and had X-rays and MRI of several body parts including the cervical spine, wrists, knees and lower back. She started on a course of chiropractic treatment for the cervical spine and bilateral hands and elbows. The patient received chiropractic treatment two times a week for about six weeks. She states that the treatment did not significantly help to alleviate her symptoms. In addition, the patient was also referred for a course of physical therapy for the bilateral upper extremities, neck and lower back. She attended therapy treatments two times a week for six weeks. The patient indicates that the therapy did help to improve her symptoms. In addition, she was also provided with right and left wrist braces. Utilization review determination date was 07-11-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 181-183 ;177.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate a diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Progress reports dated 5/9/14, 6/4/14, and 6/17/14 did not document a physical examination of the cervical spine. Physical medicine and rehabilitation consultation report dated 6/4/14 indicated that X-rays and MRI of cervical spine had been performed previously, but the results of these imaging studies were not reported or reviewed. ACOEM guidelines indicate that physical examination and x-ray radiography results are required for the consideration of MRI. Given the absence of a physical examination of the cervical spine and review of previous x-rays and MRI, the medical records do not support the request for a MRI of the cervical spine. Therefore, the request for Cervical MRI is not medically necessary.

Occupational Therapy: 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 Occupational therapy; Physical Therapy (PT) Physical Medicine Page(s): 74; 98-99. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome (Acute & Chronic) Occupational therapy (OT) Physical medicine treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide occupational therapy (OT) and physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. Official Disability Guidelines (ODG) provides occupational therapy (OT) guidelines. For carpal tunnel syndrome, 1-3 visits over 3-5 weeks are recommended. Physical medicine and rehabilitation consultation report dated 6/4/14 documented that the patient had a course of chiropractic treatment for the cervical spine and bilateral hands and elbows. The patient received chiropractic treatment two times a week for about six weeks. In addition, the patient was referred for a course of physical therapy for bilateral upper extremities, neck and lower back. She attended therapy treatments two times a week for six weeks. Medical records indicated that the patient has had 12 chiropractic treatments and 12 physical therapy treatments. The patient has already exceeded MTUS and ODG guidelines for physical medicine treatments. No exceptional factors were noted that would support the medical necessity of additional physical medicine treatments. The request for additional physical medicine (OT) occupational therapy is not supported. Therefore, the request for Occupational Therapy is not medically necessary.

Custom Splint for Wrist Neutral, Fingers and Thumbs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, 272.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses splinting for tunnel syndrome (CTS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints states that when treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Prolonged splinting leads to weakness and stiffness. Physical medicine and rehabilitation consultation report dated 6/4/14 documented that the patient had already been provided with right and left wrist braces. Medical records do not document the patient's experience with the previously provided wrist braces. Medical records do not discuss the inadequacy of the previously provided wrist braces, or the rationale for providing the patient with a redundant custom short arm splint. The medical records do not support the medical necessity of a custom short arm splint. Therefore, the request for Custom Splint for Wrist Neutral, Fingers and Thumbs is not medically necessary.