

Case Number:	CM14-0161112		
Date Assigned:	10/06/2014	Date of Injury:	06/19/2008
Decision Date:	11/26/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 injured worker (IW) is a 28-year-old man with a date of injury of June 19, 2008. The mechanism of injury was not documented in the medical record. The IW had right carpal tunnel release October 2012 and anterior transposition of the right ulnar nerve in 2009. Pursuant to the QME dated August 27, 2014, The IW had complaints of constant intractable pain and numbness in his right arm and right elbow, as well as painful movements of the wrist. He says that he has been getting greater than 80% reduction in pain with his current medications. He has some problems sleeping. He has not been working. Objective findings revealed the skin of the right hand was very dry due to hyperkeratosis versus eczema versus fungus versus CRPA. C/S range of motion flexion 50, extension 40, right lateral flexion 35/35, and right/left 80/80 degrees. The range of motion of the right wrist and elbow were slight to moderate restricted in all directions. Sensation to fine touch and pinprick was decreased in all digits on the right hand and in the 4th and 5th digits of the left hand. He could not make a grip with his right hand due to stiffness of fingers (? Weakness). The IW is taking Gabapentin 600mg. Hydrocodone APAP 10/325mg, and Omeprazole 20mg. The IW has been diagnosed with moderate left carpal tunnel syndrome due to overuse, status-post right carpal tunnel release in 10/2012 with residual carpal tunnel syndrome, CRPS-Type I of the right hand due to median nerve trauma, status-post anterior transposition of the right ulnar nerve in 2009, and NSAID-induced gastritis. Treatment plan recommendations include: Home muscle stretching exercises, and aquatic therapy exercises 2x6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRIs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Forearm, Wrist And Hand Chapter, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the right wrist is not medically necessary. The guidelines provide the indications for MRI imaging of the wrist. Indications include, but are not limited to, acute hand or wrist trauma,, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; and chronic wrist pain, plain films normal, suspect soft tissue tumor. In this case, the injured worker has complaints of pain in the right and left arm and hand. He had a right carpal tunnel release in October 2012. On July 16, 2014, the injured worker had exacerbation of pain for movements of his right wrist. He is not been working. The medical record does not show a detailed examination of the wrist indicate that there was a suggestion of a vascular process, into carpal instability, fracture, dislocation, tumor or infection. Consequently, MRI evaluation of the right wrist is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, MRI evaluation of the right wrist is not medically necessary.

Aquatic physical therapy 2 times a week for 6 weeks for the right wrist and elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Aquatic therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, aquatic physical therapy two times a week for six weeks for the right wrist and elbow is not medically necessary. Aquatic therapy is an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. In this case, the injured worker has complaints of pain in the right and left arm and hand in exacerbation of pain that began July 16, 2014. He is presently not working. There is no documentation in the medical record that explains why physical therapy cannot be addressed in an independent home exercise program. Additionally, there is no rationale in the record that addresses the need for a non-weight-bearing environment as opposed a land-based physical therapy. Neither is required based on the documentation in the record.

Consequently, Aquatic Therapy two times a week for six weeks for the right wrist and elbow is not necessary.