MAXIMUS Federal Services

Case Number:	CM14-0163598		
Date Assigned:	10/08/2014	Date of Injury:	08/23/2013
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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, Pain 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 is a 50-year-old female who sustained an injury on 8/23/13. As per the 9/4/14 report, she presented with severe pain in the hands with tingling, weakness, clumsiness, muscle atrophy, and numbness to the entire hands. She was wearing braces at night and had pain and difficulty with ADLs (activities of daily living) to bilateral hands. She reported waking up with severe numbness to the left hand which radiated to the forearm. Examination of the left wrist revealed tenderness over the triangular fibrocartilage, scapholunate ligament, ulnar styloid and radial styloid. There was numbness and tingling of the left wrist with 1 + swelling over the left wrist and tenderness to palpation 2+ and moderate and effusion -1+ (R) and 1+ (L). EMG of the upper extremity revealed mild median nerve compromise at left wrist, causing mainly myelin dysfunction of sensory and motor fibers, consistent with left carpal tunnel syndrome. MRI of the left wrist dated 10/26/13 revealed moderate osteoarthritic change at the first carpometacarpal joint and small ganglion cyst at the volar aspect of the radiocarpal joint space. No current medications were documented. Carpal tunnel release of the left hand was planned and authorized but the patient declined it as she does not wish to have a surgery at the present time. The current treatment plan includes physical therapy to the left hand 3x4, MRI of the left wrist, treatment of the right wrist and referral to neurology for bilateral upper extremity EMG due to radiculopathy. There was no reference to the previous physical therapy visits and to what extent it helped. Diagnoses include carpal tunnel syndrome of bilateral wrists, tenosynovitis wrists, and sprain carpal. The request for physical therapy to the left hand three times a week for four weeks, MRI of the left wrist, and bilateral upper extremity EMG was denied on 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left hand three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG: Forearm, Wrist and Hand Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Wrist

Decision rationale: As per CA MTUS guidelines, physical medicine 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. ODG allows 9 visits over 8 weeks for hand/wrist pain and sprain/strain. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physical therapy would exceed the guideline recommendation. Therefore, the request is considered not medically necessary in accordance to guidelines.

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand

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

Decision rationale: Per ODG, MRI of the wrist is indicated in acute trauma with suspected fracture of distal radius or scaphoid (with a normal radiograph), thumb MCP ulnar collateral ligament injury; or in chronic wrist pain with suspected soft tissue tumor or in Kienbock's disease. Repeat MRI should be reserved only for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, it is noted that the injured worker had an MRI of the wrist done on 10/26/13, which revealed moderate osteoarthritic change at the first carpometacarpal joint and small ganglion cyst at the volar aspect of the radiocarpal joint space. Since then, there is no evidence of any significant worsening of the symptoms in the right wrist, or history of recent trauma. There is no mention of any specific reason for repeat MRI.

Therefore, the guideline criteria are not met in this case and thus, the request is considered not medically necessary.

Bilateral upper extremity EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: As per ODG, EMGs (Electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. NCS is indicated when there is clinical evidence of neuropathy (i.e. entrapment neuropathy, peripheral neuropathy). In this case, there is no clinical evidence of cervical radiculopathy and the records indicate that the IW has previously had EMG/NCV studies of the upper extremities which were consistent with left carpal tunnel syndrome. There is no documentation of new or worsening of symptoms to warrant a repeat study. There is no mention of any specific reason for repeating the EMG/NCS. With respect to the right hand and wrist, the clinical information is limited and there is no documentation of objective findings. Therefore, the medical necessity of the request is not established in accordance to the guidelines.