

Case Number:	CM14-0163660		
Date Assigned:	10/08/2014	Date of Injury:	11/05/2013
Decision Date:	12/31/2014	UR Denial Date:	08/27/2014
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 Family 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:

This is a 50 year old female patient who sustained a work related injury on 11/05/2013. She sustained the injury while trying to open the cabin door when it jammed; she felt a sharp pain in her left scapular area. The current diagnoses include bilateral carpal tunnel syndrome, left Triangular Fibrocartilage Complex tear and left wrist tendonitis. Per the doctor's note dated 8/19/2014, she had decreased range of motion, pain with range of motion and weakness over the left wrist. Physical examination revealed swelling, triangular fibrocartilage complex tear and positive Phalen's bilaterally. The current medication list is not specified in the records provided. She has had MRI of the left wrist on 05/06/14 which revealed increased signal intensity within the central disc of the Triangular Fibrocartilage Complex with a probable small full thickness perforation and trace fluid at the distal radioulnar joint, a small joint effusion within the wrist and mild tenosynovitis of the extensor carpi radialis longus and brevis tendons and of the flexor carpi radialis tendon. Patient has had an unspecified number of physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times 6, for the bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The cited guidelines recommend up to 9-10 occupational therapy visits for chronic pain. Per the records provided, the patient has had an unspecified number of occupational therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous occupational therapy visits that is documented in the records provided. Previous occupational therapy visits notes are not specified in the records provided. Per the cited guidelines "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Occupational therapy 2 times 6, for the bilateral wrist is not fully established for this patient.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Section, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Per the records this is a request for a MRI of the right wrist. Per the ACOEM's Occupational Medicine Practice Guidelines cited below, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Evidence of red flag signs is not specified in the records provided. X-ray report of the right wrist is not specified in the records provided. Response to a complete course of conservative therapy including physical/occupational therapy and NSAIDs is not specified in the records provided. Per the cited guidelines "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." A detailed physical examination of the right wrist suggesting specific disorders is not specified in the records provided. Any snuff box tenderness on exam is not specified in the records provided. The medical necessity of a MRI of the right wrist is not established for this patient.