

Case Number:	CM14-0020314		
Date Assigned:	04/25/2014	Date of Injury:	05/06/2013
Decision Date:	07/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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 has filed a claim for carpal tunnel syndrome, shoulder pain, elbow pain, and neck pain reportedly associated with an industrial injury of May 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; topical agents; unspecified amounts of acupuncture; earlier right hand carpal tunnel release surgery; and work restrictions. It is not clearly stated whether the applicant is working with limitations in place. In a utilization review report dated January 24, 2014, the claims administrator denied a request for right elbow MRI, denied a request for right wrist MRI, and denied a request for 12 sessions of physical therapy. Non-MTUS 2004 ACOEM Guidelines were cited in the elbow MRI denial; non-MTUS ODG Guidelines were cited in the right wrist MRI denial; and non-MTUS 2004 ACOEM Elbow Chapter Practice Guidelines were cited in the decision of denial on physical therapy. The applicant's attorney subsequently appealed. In a progress note dated January 9, 2014, the applicant was described as reporting persistent neck pain, shoulder pain, elbow pain, hand pain, wrist pain, sleep difficulty, insomnia, depression, stress, and anxiety. The applicant exhibited limited range of motion about the shoulder with some signs of internal impingement about the same. Tenderness about the lateral epicondyle was appreciated. Positive Finkelstein sign was appreciated about the wrist. Electrodiagnostic testing of the left upper extremity was sought to rule out a radiculopathy versus entrapment neuropathy. MRI imaging of the shoulder, elbow, and wrist were ordered to rule out internal derangement. Physical therapy and work restrictions were endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation, which the attending provider suggested that the employer was likely unable to accommodate. In a December 12, 2013 progress note, the applicant's surgeon ordered 10 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: No, the proposed MRI of the right elbow is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted 2007 ACOEM Practice Guidelines in table 4, page 42, MRI imaging for suspected epicondylalgia, the diagnosis seemingly present here is "recommended against." In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary, which would offset the unfavorable ACOEM recommendation. The attending provider has not stated how the proposed MRI imaging would alter or influence the treatment plan. Therefore, the request is not medically necessary.

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) Work Loss Data Institute Section: Forearm, Wrist & Hand (Acute & Chronic) (Updated 5/08/2013).

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

Decision rationale: Similarly, the proposed MRI of the right wrist is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table-11-6, page 269, MRI imaging is scored at 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the issue reportedly present here, while electrodiagnostic testing is scored of 4/4 in its ability to identify and define the same. In this case, the attending provider has not clearly stated why MRI imaging of the hand and wrist is needed or indicated, particularly if carpal tunnel syndrome is in fact the operating diagnosis present here. Therefore, the request is not medically necessary.

PHYSICAL THERAPY TO THE RIGHT WRIST AND ELBOW X 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

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

Decision rationale: The request for 12 sessions of physical therapy for the elbow and wrist are likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed here, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of the various body parts, the issue reportedly present here. In this case, the attending provider proffered no rationale for treatment in excess to the guideline. The applicant did not appear to have responded favorably to earlier treatment. The applicant did not appear to have returned to work despite completion of earlier unspecified amounts of physical therapy. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement at various milestones in the treatment program is a prerequisite to continuation of treatment. In this case, given the absence of such improvement as defined by the parameters established in section 9792.20f. The request for further treatment in excess of the guidelines is not medically necessary.