

Case Number:	CM14-0030615		
Date Assigned:	06/20/2014	Date of Injury:	08/30/2012
Decision Date:	08/20/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 45-year-old male who reported an injury on 08/30/2012. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his right upper extremity that did not respond to conservative treatment and ultimately required surgical intervention. This was followed by postsurgical physical therapy. The injured worker was evaluated on 10/09/2013. It was noted that the injured worker had postoperative pain that was well-controlled with medications. Objective physical findings included no signs of hypertrophic scarring with mild tenderness to palpation in the area surrounding the surgical wound. It was noted that the injured worker had wrist flexion rated at 65/55 degrees and radioulnar deviation at 20/35 degrees. It was documented that the injured worker was able to fully extend his left index finger, long finger and little finger. The injured worker's diagnoses included status post left wrist arthroscopy with debridement of a radial tear of the triangular fibrocartilage complex, partial synovectomy of the left wrist and open repair of a left ulnotriquetral ligament with arthroscopic debridement of the distal longitudinal split of the ulnotriquetral ligament. The injured worker's treatment plan included the continuation of postsurgical physical therapy and medications. A request was made for multiple laboratory tests, an MR arthrogram of the left wrist and physical therapy. However, justification for the requests was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory test CBC, CRP, CRK, Chem 8, hepatic and arthritis panel: 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 Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/wellness/d-adult-1/>.

Decision rationale: The requested laboratory tests (CBC, CRP, CRK, Chem-8, hepatic and arthritis panels) are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not specifically address routine lab testing. An online resource, labtestsonline.org, indicates that preventative lab testing does contribute to lifestyle modifications to avoid certain illnesses and conditions that could complicate medical care. The clinical documentation submitted for review did not provide any evidence of complicating symptoms that would require further laboratory testing. Additionally, the results from previous testing were not provided to support the need for additional lab testing. Therefore, the medical necessity of the request is not established within the documentation. As such, the requested laboratory tests (CBC, CRP, CRK, Chem-8, hepatic and arthritis panels) are not medically necessary or appropriate.

MRI arthrogram, left 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, & hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested MRI arthrogram of the left wrist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies for injured workers who have been unresponsive to conservative treatments to assist with clarification of a diagnosis and to identify physiological and anatomical deficits. The clinical documentation submitted for review does indicate that the injured worker recently underwent surgical intervention. However, the clinical documentation supports that the injured worker is responding to postoperative treatment. Therefore, the need for an additional imaging study is not clearly indicated within the documentation. As such, the requested MRI arthrogram of the left wrist is not medically necessary or appropriate.

Physical therapy two times a week for six weeks, left wrist quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The requested physical therapy 2 times a week for 6 weeks for the left wrist (Quantity: 12.00) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 16 visits of physical therapy in the postsurgical treatment of a wrist injury. The clinical documentation submitted for review indicates that the injured worker has 4 visits left of the initial authorized visits. It was noted that the injured worker was making expected progress with the physical therapy provided. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program. There are no barriers to preclude further progress of the injured worker while participating in a home exercise program. Therefore, the need for additional physical therapy is not supported. As such, the requested physical therapy 2 times a week for 6 weeks for the left wrist (Quantity: 12.00) is not medically necessary or appropriate.