

<b>Case Number:</b>	CM14-0032544		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 patient is a 56 year old female who was injured on 12/11/2012. She tripped over a child, landing on both of her knees and hands. She was sent to [REDACTED], and diagnosed with strained knee and wrist, left knee. Prior treatment history has included TENS, 8 sessions of physical therapy for her neck; 6 sessions of chiropractic treatment but felt it made her worse; injections to her hands but notes they were not helpful; medication therapy including Cymbalta and Ibuprofen. Initial consult dated 01/16/2014 states the patient presents with complaints of progressive pain in her head, neck, bilateral shoulders, left arm, left wrist, left hand, and left knee. She also complains of headaches. The pain is associated with weakness in the left arm and left hand. The pain is constant in frequency and severe in intensity. She rates the severity of the pain as 8-10/10; 8 at its best and 10 at its worst. The average level of her pain during the past seven days is an 8. She describes the pain as sharp, throbbing, and shooting as well as muscle pain. The pain is aggravated by doing overhead activities, kneeling, crawling, gripping, grasping, typing, bending forward, bending backward, and lifting and carrying items. The patient states that her symptoms have been worsening since the injury. The cervical spine range of motion is restricted with flexion limited to 20 degrees, limited by pain; extension limited to 25 degrees, limited by pain; right lateral bending limited to 20 degrees; left lateral bending limited to 10 degrees limited by pain; lateral rotation to the left limited to 35 degrees, limited by pain; and lateral rotation to the right limited to 55 degrees. On examination of paravertebral muscles, hypertonicity, spasm and tenderness is noted on both sides. There is tenderness noted at the trapezius; Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm and positive bilateral cervical facet loading pain. The right elbow range of motion is restricted with flexion limited to 135 degrees and extension limited to 0 degrees. There is no tenderness noted on palpation. Tinel's sign is negative. The left elbow range of motion is

restricted with flexion limited to 125 degrees and extension limited to 0 degrees. There is no tenderness noted on palpation. Tinel's sign is negative. The right wrist range of motion is restricted with prior surgery and has a 10 cm well healed vertical dorsal surgical scar. Tinel's sign and Phalen's sign are negative. There is no tenderness noted on palpation. The left wrist range of motion is restricted with palmar flexion limited to 60 degrees, dorsiflexion limited to 55 degrees, ulnar deviation limited to 30 degrees and radial deviation limited to 28 degrees. Tinel's sign and Phalen's sign are negative. There is tenderness to palpation noted over the radial side. The right hand is negative for Finkelstein's test; positive Finkelstein on the left. Motor strength of wrist flexor's is 5/5 on both sides, wrist extensor's is 5/5 on both sides, elbow flexor is 5/5 bilaterally; elbow extensors is 5/5 bilaterally; shoulder abduction is 5/5 bilaterally; shoulder external rotation is 5/5 bilaterally; shoulder internal rotation is 5/5 bilaterally; abductor pollicis brevis is 4/5 bilaterally; abductor digiti minimi is 4/5 on the right and 5/5 on the left. On sensory examination, light touch sensation is normal all over the body. On examination of deep tendon reflexes, biceps reflex is 2/4 bilaterally, brachioradial reflex is 2/4 bilaterally; triceps reflex is 2/4 bilaterally. Hoffman's sign is negative.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI OF THE LEFT WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Expert Reviewer's decision rationale: The medical records do not support the request for MRI of the left wrist. There is no indication the patient is a surgical candidate or pending surgery. The patient's wrist complaint is not acute, she has not sustained any recent trauma, and the medical records do not document results of plain films. In addition, physical examination findings do not suggest soft tissue tumor or Keinbocks's disease. Finally, the patient has not exhausted conservative measures. Consequently, the medical necessity of the request has not been established.

**DIAGNOSTIC CERVICAL MEDIAL BRANCH NERVE BLOCKS VS CERVICAL EPIDURAL STEROID INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The Expert Reviewer's decision rationale: The medical records do not demonstrate the patient presents with subjective complaints and clinical findings consistent with signs and symptoms of facet-mediated pain. In addition, the documentation does not establish failure of conservative care. Given these factors, the patient is not a candidate for cervical MBB. The request for diagnostic cervical medial branch nerve blocks vs cervical epidural steroid injections.

**ADDITIONAL PHYSICAL THERAPY 2X6 WEEKS FOR THE LEFT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Expert Reviewer's decision rationale: The guidelines state active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). According to the medical records provided for this review, the patient sustained an industrial injury on 12/11/2012, now more than 1 ½ years past date of injury. The medical records do not document the total number of physical therapy sessions the patient has completed to date and do not provide detailed assessment of this patient's progress with therapy and her response to the course of treatment. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. At this juncture, the patient should be well-versed in an independent home exercise program which is utilized to attempt to maintain functional gains and further address residual deficits of the wrist. The medical necessity of additional PT is not established.