MAXIMUS Federal Services

Case Number:	CM14-0033370		
Date Assigned:	06/20/2014	Date of Injury:	02/10/2012
Decision Date:	07/22/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 42-year-old female with a reported injury on 02/10/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/05/2014 reported that the injured worker complained of bilateral wrist pain and neck pain. The physical examination was negative for any significant abnormalities. Right upper extremity muscle strength demonstrated wrist extension and thumb opposition at a 4/5, the remaining muscular strength tests were 5/5. The left upper extremity muscular strength test was 5/5. The injured worker's prescribed medication list included gabapentin, trazodone, Depo-Estradiol, venlafaxine, Prilosec, Terocin lotion, and nabumetone. The injured worker's diagnoses included carpal tunnel release; shoulder pain in joint; neck pain; syndrome, cervicobrachial; disorders, sacrum; and long-term use of medications. The provider requested surgical consultation evaluation for the injured worker's chronic pain in her wrist; and additional physical therapy, the rationale was not provided. The Request for Authorization was submitted on 03/17/2014. The injured worker's prior treatments include physical therapy, the amount of sessions was not provided within the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consultation/Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines Web Edition.

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

Decision rationale: The request for surgical consultation evaluation is non-certified. The injured worker complained of neck and right wrist pain. The treating physician's rationale for surgical consultation is due to the injured worker's chronic pain to her wrist. The CA MTUS/ACOEM guidelines for hand surgery referral consultation may be indicated for patients who have red flags of a serious nature; have failed to respond to conservative management; including worksite modifications; have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention; surgical considerations depends on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercise, and/or NSAIDs. Furthermore, the requesting provider did not indicate the specific anatomical location for evaluation and/or the rationale for a surgical consultation/evaluation. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; as such, the request is not medically necessary.

Additional Physical Therapy x 12: Upheld

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

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

Decision rationale: The request for additional physical therapy x12 is non-certified. The injured worker complained of neck and wrist pain. The treating physician's rationale for additional therapy was not provided within the clinical notes. The CA MTUS guidelines recognize 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). 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. There is a lack of clinical notes documenting the injured worker's progression and improvement with therapy. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there was a lack of documentation indicating the injured worker has significant functional deficits. Furthermore, it is noted that the injured worker has had an independent medical review regarding the right wrist surgery by Dr. Mason, given the

information provided; there is insufficient evidence to determine appropriateness to warrant medical necessity due to potential surgery. Therefore, the request is not medically necessary.