

<b>Case Number:</b>	CM14-0052825		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 and Georgia. 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 43-year-old male who reported an injury on 10/12/2011. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, cervical facet syndrome, cervical radiculopathy, shoulder pain, and wrist pain. The injured worker was evaluated on 03/28/2014 with complaints of increasing neck pain with radiation into the right upper extremity. Previous conservative treatment includes a cervical epidural steroid injection, physical therapy, home exercise, medication management, and a lumbar epidural steroid injection. Physical examination on that date revealed restricted cervical range of motion, paravertebral muscle spasm and tenderness, positive Spurling's maneuver, and tenderness to palpation over the radial side of the right wrist. Treatment recommendations at that time included a right wrist carpal tunnel injection, physical therapy for the right wrist and hand, and a cervical epidural steroid injection at C7-T1. It is noted that the injured worker underwent electrodiagnostic studies on 02/05/2014 which indicated no evidence of cervical radiculopathy and mild right carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions for the right wrist and hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand chapter & Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical Therapy.

**Decision rationale:** California MTUS 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. Official Disability Guidelines state physical medicine treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. The current request for 12 physical therapy sessions greatly exceeds guideline recommendations. Therefore, the request is non-certified.

**Cervical Epidural Injection, C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the injured worker's electrodiagnostic report does not indicate evidence of cervical radiculopathy. It is also noted that the injured worker has been previously treated with a cervical epidural steroid injection. There was no documentation of objective functional improvement with an associated reduction of medication use for 6 to 8 weeks following the initial injection that would warrant the need for a repeat procedure. Therefore, the request is non-certified.

**Right Wrist Carpal Tunnel Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state most invasive techniques, such as injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection at the tendon sheath or possibly the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. Carpal tunnel syndrome may be treated with a splint and medications prior to an injection procedure. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment, to include splinting and medications prior to the request for a carpal tunnel injection. Therefore, the injured worker

does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. As such, the request is non-certified.