

Case Number:	CM14-0084749		
Date Assigned:	09/08/2014	Date of Injury:	08/24/2010
Decision Date:	10/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 Surgeon, has a subspecialty in Hand Surgeon 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 56-year-old female who reported an injury on 08/24/2010 due to an unknown mechanism. Diagnoses were displacement of cervical intervertebral disc without myelopathy, spinal stenosis in cervical region, sprain of unspecified site of wrist, congenital heredity muscular dystrophy, and brachial neuritis or radiculitis. Past treatments were medications and physical therapy. Diagnostic studies were MRI of the cervical spine. Impression was a focal area of narrow edema noted involving the inferior aspect of the dens, which may represent a focal of bone contusion or nondisplaced fracture. Correlation with CT imaging of the cervical spine is recommended. Multilevel endplate degenerative changes with endplate bony spurring, the C3-4, there was a 2 mm midline disc protrusion with mild degree of central canal narrowing, the C5-6, there was a 2 mm midline disc protrusion with mild degree of central canal narrowing. Physical examination was illegible. The progress note submitted was handwritten, illegible, and not easy to follow. Medications were Anaprox and Ultram. Treatment plan was not reported. The rationale was not reported. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post op rehab physical therapy times 8 left wrist: Upheld

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

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

Decision rationale: The decision for additional postop rehab physical therapy times 8 left wrist is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed in controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing of soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Due to the fact that the progress note for the injured worker dated 06/06/2014 was handwritten, illegible, copy quality poor, pertinent information may have been missed. It was reported on a previous progress note that the injured worker had 10 sessions of physical therapy. Functional improvement and measurable gains were not reported from those physical therapy sessions. Therefore, the request is not medically necessary.

Pain management consultation in consideration of C/spine ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Independent Medical Examinations and Consultations, page 163

Decision rationale: The decision for pain management consultation and consideration of cervical spine epidural steroid injection (ESI) is not medically necessary. The ACOEM Guidelines state "a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work." Past conservative care modalities were not reported with functional gains or failure. The progress note submitted for the injured worker dated 06/06/2014 was illegible, and of poor copy quality. Pertinent information may have been missed. There were no significant factors provided to justify a referral to pain management consultation. Therefore, the request is not medically necessary.

H-wave unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave, Page(s): 117.

Decision rationale: The decision for H wave unit is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend H wave stimulation as an

isolated intervention; however, they recommend a 1 month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Conservative care modalities were not reported as failed. Most of the progress submitted dated 06/06/2014 was illegible and of poor copy quality. Pertinent information may have been missed. It was not reported that the injured worker was to use the H wave stimulation unit with an evidence based restoration program. Therefore, the request is not medically necessary.