

Case Number:	CM14-0087555		
Date Assigned:	07/23/2014	Date of Injury:	01/01/2013
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 52-year-old female who reported an injury on 01/01/2013. The mechanism of injury involved cumulative trauma. Current diagnoses include cervical musculoligamentous injury, cervical myospasm, thoracic musculoligamentous injury, thoracic muscle spasm, lumbar musculoligamentous injury, lumbar muscle spasm, rule out lumbar disc protrusion, rule out lumbar radiculitis, left lateral epicondylitis, right lateral epicondylitis, rule out left carpal tunnel syndrome, left de Quervain's disease, rule out right carpal tunnel syndrome, right de Quervain's, left knee sprain, right knee sprain, rule out right knee internal derangement, and bilateral foot pain. The injured worker was evaluated on 02/13/2014 with complaints of moderate neck pain and stiffness, low back pain and stiffness, bilateral elbow pain, bilateral wrist pain, bilateral knee pain, and bilateral foot pain. Physical examination revealed 3+ tenderness of the cervical paravertebral muscles, muscle spasm in the cervical paravertebral muscles, limited cervical range of motion, positive shoulder depression testing, 3+ tenderness to palpation of the thoracic and lumbar spine with spasm, SI joint tenderness, limited thoracic and lumbar spine range of motion, positive Kemp's testing, positive straight leg raising, 3+ tenderness of the lateral epicondyle, limited range of motion of the left elbow, 3+ tenderness to the bilateral wrists, decreased range of motion of the bilateral wrists, positive Finkelstein's testing, positive carpal compression testing, 3+ tenderness to the bilateral knees, limited range of motion of the right knee, positive McMurray's sign, positive valgus testing, tenderness over the bilateral feet and toes, and swelling over the 1st MTP joint region. Treatment recommendations included chiropractic therapy, physical therapy, and MRI of the thoracic spine, lumbar spine, left elbow, right elbow, left wrist, right wrist, left knee, right knee, left foot, and right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery on left TFCC: Upheld

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

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

Decision rationale: The California MTUS Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. The specific type of TFCC surgery was not listed. Therefore, the current request is not medically appropriate. As such, the request is non-certified.

Surgery on right TFCC: Upheld

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

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

Decision rationale: The California MTUS Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. The specific type of TFCC surgery was not listed. Therefore, the current request is not medically appropriate. As such, the request is non-certified.

Preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedures have not been authorized, the current request is also not medically necessary. As such, the request is non-certified.

Physical therapy x18 for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

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

Decision rationale: The 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 18 sessions of physical therapy exceeds guideline recommendations. As such, the request is non-certified.