

Case Number:	CM14-0189757		
Date Assigned:	11/20/2014	Date of Injury:	06/15/2007
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, shoulder, wrist, and hand pain reportedly associated with an industrial injury of June 15, 2007. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a steroid injection to the wrist, a lumbar support, and eight sessions of physical therapy. The claims administrator stated that its decisions were based on a September 16, 2014 progress note. On September 16, 2014, the applicant reported moderate complaints of wrist, shoulder, and low back pain radiating into the right leg. Hyposensorium was noted about the right hand and forearm with spasms and tenderness appreciated about the lumbar spine. Eight sessions of physical therapy were sought on the grounds that the applicant had not had any physical therapy for the preceding year. A steroid injection for the wrist was sought for de Quervain's tenosynovitis. The applicant did exhibit decreased strength about the hand, it was incidentally noted. Lumbar support was endorsed, along with the right wrist on the grounds that the applicant's wrist support had worn out. A rather proscriptive 10-pound lifting limitation was endorsed. It was not readily apparent whether the applicant was or not working with said limitation in place, although this did not appear to be the case. On August 6, 2014, eight sessions of physical therapy were sought owing to ongoing complaints of low back, neck, and shoulder pain. The applicant was given prescriptions for diclofenac and Tylenol. A 10-pound lifting limitation was sought. It was stated that the applicant had issues with de Quervain's tenosynovitis of the hand as well as thumb CMC joint arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection, right wrist under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hand, Wrist, and Forearm Chapter, Intra-articular injections section

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that an initial injection into the tendon sheath for clearly diagnosed cases of de Quervain's tenosynovitis, the diagnosis reportedly present here, is "recommended," in this case, however, it was not clear that the applicant's primary pain generator was, in fact, de Quervain's tenosynovitis. The attending provider wrote that the applicant had issues with de Quervain's tenosynovitis superimposed on issues with thumb basilar joint arthropathy. It was not clearly stated what the primary pain generator was. The attending provider's reporting of September 16, 2014 did not clearly outline whether he believed de Quervain's tenosynovitis to be the primary pain generator or whether he believed that thumb CMC joint arthritis was the primary pain generator here. The MTUS does not address the topic of fluoroscopic guidance for wrist corticosteroid injections. While the Third Edition ACOEM Guidelines do acknowledge that ultrasound or fluoroscopic guidance may be indicated, particularly for a second injection in applicants in whom placement is thought to be difficult, in this case, however, it was not clearly stated that placement was thought to be difficult here. The requesting provider's September 16, 2014 progress note made no mention of issues with possible placement of the steroid injection. There was no mention of the need for fluoroscopic guidance on the September 16, 2014 progress note at issue. The request, thus, cannot be endorsed owing to (a) the lack of rationale which would support the fluoroscopy component of the request and (b) the lack of clear diagnosis such as de Quervain's tenosynovitis referable to the wrist. Therefore, the request is not medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, however, the applicant was/is well outside of the acute phase of symptom relief following an industrial injury of June 15, 2007 as of the date of the request, September 16, 2014. Introduction and/or ongoing usage of a lumbar support are not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.

Physical therapy 2 x 4 weeks, unspecified body part: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99, 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, a rather proscriptive 10-pound lifting limitation remains in place, unchanged, from visit to visit. The applicant does not appear to be working with said limitation in place. The applicant remains dependent on various and sundry analgesic medications, such as diclofenac and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.