

Case Number:	CM14-0195164		
Date Assigned:	12/02/2014	Date of Injury:	12/14/2011
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 55-year-old female who reported an injury on 12/14/2011. The mechanism of injury was not specifically stated. The current diagnoses include status post right shoulder arthroscopy on 08/13/2012, disc protrusion of the cervical spine, and bilateral carpal tunnel syndrome. The injured worker presented on 10/16/2014 with ongoing pain in the neck, bilateral upper extremities, and bilateral hands. The injured worker also reported numbness of the bilateral hands. On physical examination, there was tenderness to palpation at C4-6 and positive Phalen's sign on the right hand. Treatment recommendations included physical therapy once per week for 8 weeks for the neck and right shoulder, hand therapy once per week for 8 weeks, and a second epidural steroid injection at C4-5 and C5-6. A Request for Authorization form was then submitted on 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Epidural Injection C4-5, C5-6: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as a possible option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no evidence of cervical radiculopathy upon physical examination. Additionally, the California MTUS Guidelines recommend repeat blocks based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Therefore, the current request cannot be determined as medically appropriate in this case.

Hand Therapy once per week for 8 weeks for bilateral carpal tunnel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome 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. The Official Disability Guidelines state physical medicine treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. The current request would exceed guideline recommendations. There is also no documentation of objective functional improvement following the initial course of therapy. As such, the request is not medically appropriate.

Physical Therapy once per week for 8 weeks for the neck: Upheld

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

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

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. The Official Disability Guidelines state physical medicine treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. The current request would exceed guideline recommendations. There is also no documentation of objective functional improvement following the initial course of therapy. As such, the request is not medically appropriate.