

Case Number:	CM14-0197587		
Date Assigned:	12/05/2014	Date of Injury:	02/25/2013
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehab, 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 injured worker is a 56-year-old female who reported an injury on 02/25/2013. The mechanism of injury was not submitted for clinical review. Her diagnoses included carpal tunnel syndrome, shoulder sprain/strain, and cervical sprain/strain of the neck. Previous treatments included x-ray, TENS unit, 12 chiropractic sessions, medication, cortisone injections, and physical therapy. Diagnostic testing included an MRI of the cervical spine dated 12/03/2014. On date of service 11/12/2014, it was reported the injured worker complained of left wrist stiffness and pain. The injured worker rated her pain 6/10 to 7/10 in severity, and on occasion 8/10 to 9/10 in severity. The injured worker complained of constant pain in the left shoulder and left upper extremity. On the physical examination, the provider indicated the injured worker had tenderness to palpation of the left trapezius, left rhomboid, and left "scapular". There was a positive Finkelstein's and Phalen's test, and Tinel's test of the left wrist and right wrist. The provider indicated the patient had a positive impingement sign, and positive O'Brien's test. Range of motion of the left shoulder was noted to be 30 degrees of adduction and 120 degrees of abduction. A request was submitted for: an MRI of the cervical spine without contrast; physical therapy 3 times a week for 4 weeks for the left shoulder, left wrist, and neck; paraffin baths for home and trial for the left wrist; and left thumb spica. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that criteria for ordering imaging includes emergence of red flags, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to invasive procedure. There is lack of documentation including significant neurological deficits of the cervical spine. There was no documentation of red flag diagnoses or the intent to undergo surgery requiring an MRI. As such, the medical necessity for a cervical MRI has not been established. Therefore, the request is not medically necessary.

Physical therapy 3 tiems a week for 4 weeks for left wrist, left shoulder, and neck: Upheld

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

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

Decision rationale: The request for physical therapy 3 times a week for 4 weeks for the left wrist, left shoulder, and neck is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self directed home physical medicine. The guidelines note for neuralgia or myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation including the injured worker's prior course of physical therapy, as well as the efficacy of the therapy. The number of sessions of physical therapy the patient has undergone was not submitted for clinical review. Additionally, the number of sessions requested exceeds the guidelines recommendations of 8 to 12 visits of physical therapy. As such, the request is not medically necessary.

Paraffin bath for home and trial for left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths

Decision rationale: The request for paraffin bath for home and trial for left wrist is not medically necessary. The Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care, such as exercise. The guidelines state paraffin baths combined with exercise can be recommended for beneficial short term effects for arthritic hands. There is lack of significant objective findings warranting the medical necessity for the request. Additionally, the guidelines recommend paraffin baths only as an adjunct to conservative therapy. However, the physical therapy requested has also not been authorized. As such, the request for paraffin baths is also not medically necessary.

Left thumb spica: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The request for left thumb spica is not medically necessary. The California MTUS/ACOEM Guidelines note splinting as first line conservative treatment for carpal tunnel syndrome, de Quervain's, and sprains is recommended. The guidelines also indicate prolonged splinting leads to weakness and stiffness. The clinical documentation submitted lacks significant objective findings warranting the medical necessity for the request. Additionally, the request submitted failed to provide the length of time the spica is to be utilized. Additionally, the request submitted failed to provide whether the spica is for rental or purchase. As such, the request is not medically necessary.