

Case Number:	CM14-0198994		
Date Assigned:	12/09/2014	Date of Injury:	02/24/2014
Decision Date:	02/17/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Emergency 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:

Patient with reported date of injury on 2/2/2014. Mechanism of injury was documented as repetitive work. Patient has a diagnosis of bilateral wrist tendinitis. Medical reports reviewed. Last report available until 8/25/14. No recent progress notes were provided for review. Patient complains of bilateral wrist pain. Improvement in symptoms with physical therapy but exacerbated by work. Objective exam reveals tenderness in both wrist mostly over flexor carpi ulnaris tendons. R wrist is worst. Physical therapy billing/note sheet dated 8/14/14 reports 12 sessions done. There is reported improvement in function and pain. Reportedly doing home exercise program. Patient already has extensive X-rays done in the past although official reports were not provided for review. Note by Orthopedics dated 6/14 states that the X-rays were normal. RFA was sent by chiropractor dated 10/20/14. There is a diagnosis of deQuervain's tenosynovitis provided by the chiropractor but not in any prior diagnosis by occupational or orthopedic specialist assessment and exam. EMG/NCV of bilateral upper extremities on 4/4/14 was normal. Has had reported prior acupuncture treatment. Independent Medical Review is for Physical Therapy 2 per week for 3 weeks(6 total) for bilateral wrist and Xray and MRI of bilateral wrists. Prior UR on 10/28/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 for bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed 12 prior sessions. The chiropractor requested an additional 6 sessions. The chiropractor has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions are necessary. The request is not medically necessary.

X-Ray of the Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 268-269.

Decision rationale: As per ACOEM guidelines, indications for wrist imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. Patient has shown improvement with physical therapy. The documentation does not support any indication for imaging. The requesting chiropractor has not documented any worsening symptoms or rationale for request. The neurological exam is benign. There are no signs of carpal tunnel syndrome documented on exam or electrodiagnostics. Patient already has prior x-rays that were benign. MRI is most useful in detecting infections and arthritis of the wrist. The chiropractor has failed to provide a rational evidence based reason for requesting this study. X-ray of the Bilateral Wrists is not medically necessary.

MRI of the Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 268-269.

Decision rationale: As per ACOEM guidelines, indications for wrist imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. Patient has shown improvement with physical therapy. The documentation does not support any indication for imaging. The requesting chiropractor has not documented any worsening symptoms or rationale for request.

The neurological exam is benign. There are no signs of carpal tunnel syndrome documented on exam or electrodiagnostics. Patient already has prior x-rays that were benign. MRI is most useful in detecting infections and arthritis of the wrist. The chiropractor has failed to provide a rational evidence based reason for requesting this study. MRI of the Bilateral Wrists is not medically necessary.