

Case Number:	CM14-0200352		
Date Assigned:	12/10/2014	Date of Injury:	07/01/1995
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 carpal tunnel syndrome reportedly associated with an industrial injury of July 1, 1995. In a Utilization Review Report dated November 12, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as eight sessions of physical therapy while also apparently approving purchase of a wrist splint. The remaining four sessions of therapy were denied. Non-MTUS ODG guidelines were invoked in favor of the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator posited that the applicant had attended 27 sessions of physical therapy following an earlier carpal tunnel release surgery, cubital tunnel release surgery, and radial styloidectomy surgery of March 21, 2014. The claims administrator referenced an October 30, 2014 progress note in its rationale. The applicant's attorney subsequently appealed. On June 6, 2014, prescriptions for Ambien, Valium, Protonix, BuSpar, Tegretol, Neurontin, Paxil, Qualaquin, Flector, Duexis, and Nucynta were endorsed. In an associated progress note of June 5, 2014, the applicant was asked to continue each of the aforementioned medications at issue. The applicant was not working and had been deemed permanently disabled, it was acknowledged. Trigger point injections were performed. The applicant was given diagnoses of chronic pain syndrome, chronic neck pain, carpal tunnel syndrome, and depression. On June 17, 2014, the applicant seemingly underwent aspiration of radial styloid fluid accumulation/dorsal ganglion cyst. Relafen and Lidoderm were endorsed. The applicant's work status was not furnished. In an appeal letter dated July 7, 2014, the attending provider challenged a partial approval of 12 sessions of occupational therapy as eight sessions of the same. The attending provider stated that the applicant was status post right carpal tunnel release surgery, cubital tunnel release surgery, and radial styloidectomy. On September 30, 2014, the applicant was again described as unchanged despite earlier carpal tunnel release

surgery, cubital tunnel release surgery, and radial styloidectomy. The applicant was asked to obtain a qualified medical evaluation and functional capacity evaluation. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On August 7, 2014, the attending provider noted that the applicant still had residual hand weakness and continued to wear a glove. The applicant received a trigger point injection. Multiple medications were continued, along with an H-Wave device. The applicant was deemed permanently disabled, it was noted. On October 30, 2014, the attending provider stated that the applicant would benefit from further physical therapy. Residual tenderness was appreciated about the right wrist. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the right wrist 2x6: 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 Functional Restoration Approach to Chronic Pain Management section, Physical Medicine topic Page.

Decision rationale: The applicant was seemingly outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier wrist surgery in March 2014 as of the date the request for additional therapy was initiated on October 30, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. The applicant has been described as permanently disabled on several prior office visits, referenced above. The applicant was using a host of medications, including Neurontin, Nucynta, Lodine, Vicodin, Flector, Amrix, Tegretol, Zanaflex, Valium, Topamax, Lidoderm, Qualaquin, Ambien, Paxil, and BuSpar at various points throughout late 2014, referenced above, including June and August 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier extensive physical therapy already in excess of the MTUS parameters, per the claims administrator. Therefore, the request for additional Physical Therapy is not medically necessary.

Splint for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7,272.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, prolonged splinting and/or prolonged postoperative splinting are deemed "optional," as ACOEM expresses caution that prolonged use of splint may lead to weakness and stiffness. In this case, the article in question was requested a little over seven months removed from the date the applicant underwent wrist surgery, including carpal tunnel release surgery. Further usage of a wrist splint and/or wrist brace would seemingly diminish the applicant's overall level of activity and, as suggested by ACOEM, would likely lead to weakness and/or stiffness. Furthermore, the applicant was described on an office visit of June 5, 2014 as currently using a right upper extremity brace. It was not clearly established why a second brace was sought. Therefore, the request for Splint for right wrist is not medically necessary.