

Case Number:	CM15-0100375		
Date Assigned:	06/02/2015	Date of Injury:	09/05/2014
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29-year-old female, who sustained an industrial injury on 9/5/2014. She reported right hand and wrist pain. The injured worker was diagnosed as having right wrist strain, and right hand strain, and anxiety and depression. Treatment to date has included wrist brace, and psychotherapy. The request is for physical therapy, acupuncture, electromyogram of the upper extremity, and magnetic resonance imaging of the right hand. On 2/4/2015, she complained of right wrist and hand pain. She denied numbness and tingling. The treatment plan included: Topamax, Tramadol, electromyogram, magnetic resonance imaging, occupational therapy, pain medicine, orthopedist, and psyche. On 3/11/2015, she complained of right wrist and hand pain. She denied numbness and tingling. She uses a right wrist brace. Physical examination noted diminished light touch sensation of the right index tip, right dorsal thumb web, and right small tip. The treatment plan included: magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, Right Hand/Wrist, 6 sessions: 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 Page(s): 98-99.

Decision rationale: According to the 04/15/2015 report, this patient presents with right wrist and hand pain. The current request is for Physical therapy, Right Hand/Wrist, 6 sessions. The Utilization Review denial letter states, "The patient had previously been provided 9 occupational therapy visits in 2014. There is a lack of exceptional factors noted within the documentation that would support physical therapy beyond the guideline recommendations." The request for authorization is not included in the file for review. The patient's work status is to remain off work for 6 weeks. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records show no documentation that the patient is in a post-operative time frame regarding physical therapy for the wrist/hand. The provided reports do not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 6 sessions combines with the 9 previous sessions completed per UR exceed what is allowed by MTUS. The request is not medically necessary.

Acupuncture therapy, Right Hand/Wrist, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: According to the 04/15/2015 report, this patient presents with right wrist and hand pain. The current request is for Acupuncture therapy, Right Hand/Wrist, 6 sessions. The request for authorization is not included in the file for review. The patient's work status is to remain off work for 6 weeks. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. Review of the provided reports does not show prior acupuncture treatments and it is not known whether or not the patient has had acupuncture in the past. In this case, it is reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement as it is supported by the MTUS guideline. The request is medically necessary.

EMG (electromyography) Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome - Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: According to the 04/15/2015 report, this patient presents with right wrist and hand pain. The current request is for EMG (electromyography) Upper Extremity. The request for authorization is not included in the file for review. The patient's work status is to remain off work for 6 weeks. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Review of the provided reports does not show evidence of prior EMG of the upper extremity. In this case, the patient presents with decreased sensation of the "right lateral shoulder, right dorsal thumb web, tight long tip of all intact, right small tip is diminished." The requested EMG of the upper extremity is reasonable and is supported by the guidelines. Therefore, the current request is medically necessary.

MRI (magnetic resonance imaging) Right Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm Wrist & Hand - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand: magnetic resonance imaging.

Decision rationale: According to the 04/15/2015 report, this patient presents with right wrist and hand pain. The current request is for MRI (magnetic resonance imaging) Right Hand. The request for authorization is not included in the file for review. The patient's work status is to remain off work for 6 weeks. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation." Given the patient's chronic condition, ODG guidelines are consulted. For MRI of the hand/wrist, ODG guideline recommends magnetic resonance imaging when there is suspicion of a soft tissue tumor or Kienbock's disease. Review of the provided medical records does not indicate that there has been a prior MRI of the right hand. In this case, the treating physician does not indicate there is suspicion for carpal bone fracture, thumb ligament injury. There is no suspicion for soft tissue tumor or Kienbock's disease. Therefore, the request is not medically necessary.