

Case Number:	CM15-0100901		
Date Assigned:	06/03/2015	Date of Injury:	01/27/2011
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
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: Emergency Medicine

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 54 year old male who sustained an industrial injury on 01/27/2011. Current diagnoses include bilateral carpal tunnel syndrome, bilateral shoulder pain and dysfunction, bilateral knee pain and dysfunction, left knee medial meniscus tear, right shoulder partial thickness rotator cuff tear, bilateral shoulder impingement, left shoulder partial thickness rotator cuff tear, acromioclavicular arthrosis, subchondral cysts, bilateral biceps tenosynovitis, and bilateral SLAP tears. Previous treatments included medications, left knee surgery on 03/28/2013, right shoulder surgery on 03/27/2014, right shoulder surgery on 10/02/2014, and cervical epidural injection. Report dated 04/29/2015 noted that the injured worker presented with complaints that included right shoulder discomfort with pain and aches with limited range of motion, and left knee pain with popping and locking. Pain level was 7 out of 10 (left shoulder) on a visual analog scale (VAS). Physical examination was positive for decreased shoulder range of motion, reduced wrist range of motion with tender volar tissue, positive Tinel's bilateral wrist, decreased left knee range of motion, right elbow swelling and tenderness in the lateral epicondyle. An x-ray of the right knee showed medial compartment narrowing. The treatment plan included consideration for left knee injection, consideration for bilateral wrist injection versus carpal tunnel release, aquatic therapy 2 times a week for 6 weeks, Methoderm ointment for pain and inflammation, tramadol for pain, return to clinic as needed, and okay for permanent and stationary from any standpoint. Disputed treatments include bilateral wrist injection and aqua therapy 2 x 6 for the bilateral knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome - Injections.

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

Decision rationale: The requested bilateral wrist injection is not medically necessary. ACOEM Guidelines, 2nd Edition, pg. 272 Table 11-7. Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints "Injections Recommended: Injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication." The injured worker has complaints that included right shoulder discomfort with pain and aches with limited range of motion, and left knee pain with popping and locking. Pain level was 7 out of 10 (left shoulder) on a visual analog scale (VAS). Physical examination was positive for decreased shoulder range of motion, reduced wrist range of motion with tender volar tissue, positive Tinel's bilateral wrist, decreased left knee range of motion, right elbow swelling and tenderness in the lateral epicondyle. There is insufficient documentation of median nerve paresthetic pain, night pain, and positive Katz diagram indicative of carpal tunnel syndrome. The criteria noted above not having been met, bilateral wrist injection is not medically necessary.

Aqua Therapy 2x6 bilateral knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The requested bilateral wrist injection is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker has complaints that included right shoulder discomfort with pain and aches with limited range of motion, and left knee pain with popping and locking. Pain level was 7 out of 10 (left shoulder) on a visual analog scale (VAS). Physical examination was positive for decreased shoulder range of motion, reduced wrist range of motion with tender volar tissue, positive Tinel's bilateral wrist, decreased left knee range of motion, right elbow swelling and tenderness in the lateral epicondyle. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The criteria noted above not having been met, bilateral wrist injection is not medically necessary.