

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0133903 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 03/28/2014 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

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 46-year-old female with an industrial injury dated 03/28/2014. The injured worker's diagnoses include left cubital tunnel syndrome and left carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/04/2015, the injured worker reported left elbow pain, left wrist pain and right upper extremity pain due to compensating her left upper extremity injury. Objective findings revealed mild distress and global tenderness about the left elbow and wrist. The treating physician reported that the x-ray of the left elbow, forearm, hand and wrist revealed no progression of degenerative changes. The treating physician prescribed services for physical therapy 3x4 left wrists and urine toxicology screen now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, under Physical medicine treatment also has the following regarding post-operative PT.

Decision rationale: The patient presents on 06/04/15 with improving left wrist pain, and recently developed compensatory pain in the right upper extremity. The patient's date of injury is 03/28/14. Patient is status post carpal tunnel release of the left wrist with flexor tendon tenosynovectomy on 05/05/15. The request is for physical therapy 3x4 left wrist. The RFA is dated 06/16/15. Physical examination dated 06/04/15 reveals global tenderness to palpation around the left elbow and wrist. No other physical examination findings are included. The patient's current medication regimen is not provided. Diagnostic imaging included X-rays of the left elbow and left wrist taken point of care on 06/04/15, showing no progression of degenerative changes. Patient is currently classified as temporarily totally disabled. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. ODG Carpal Tunnel Syndrome chapter, under Physical medicine treatment also has the following regarding post-operative PT: "Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks, Post-surgical treatment (open): 3-8 visits over 3-5 weeks." In regard to the request for 12 additional sessions of physical therapy for this patient's continuing wrist complaint, the provider has exceeded guideline recommendations. This patient has undergone 12 post-operative sessions of physical therapy directed at her wrist complaint to date, though no functional improvements are documented in the subsequent reports. MTUS guidelines support 8-10 visits for complaints of this nature; the requested 12 sessions in addition to the 12 already completed exceeds these recommendations. Therefore, the request is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The patient presents on 06/04/15 with improving left wrist pain, and recently developed compensatory pain in the right upper extremity. The patient's date of injury is 03/28/14. Patient is status post carpal tunnel release of the left wrist with flexor tendon tenosynovectomy on 05/05/15. The request is for urine toxicology screen. The RFA is dated 06/16/15. Physical examination dated 06/04/15 reveals global tenderness to palpation around the left elbow and wrist. No other physical examination findings are included. The patient's current medication regimen is not provided. Diagnostic imaging included X-rays of the left elbow and left wrist taken point of care on 06/04/15, showing no progression of degenerative changes. Patient is currently classified as temporarily totally disabled. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the provider is requesting a UDS to ensure that this patient is compliant with her medications - though it is not clear if the patient is currently taking narcotic medications. Progress note dated 06/04/15, which is associated with the RFA for this request does not include a list of this patient's active medications nor indicate that the provider intends on prescribing any. The subsequent report dated 07/16/15 does not include mention of narcotic medications, and the associated RFA only requests Ibuprofen. Without documentation that this patient is currently taking narcotic medications requiring compliance UDS, the medical necessity cannot be substantiated. Therefore, the request is not medically necessary.