

<b>Case Number:</b>	CM15-0138881		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 35-year-old female, who sustained an industrial injury on September 04, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having medial neuropathy of the wrist with carpal tunnel syndrome and status post right carpal tunnel release performed on January 14, 2015. Treatment and diagnostic studies to date has included status post right carpal tunnel release, at least three sessions of physical therapy, and chiropractic therapy. In a progress note dated January 05, 2015 the treating physician reports complaints of sharp pain to the right wrist with numbness. In a physical therapy note dated February 02, 2015 the treating physical therapist noted that the injured worker was tolerating wrist and hand stretching exercises, but the documentation did not indicate if the injured worker experienced any functional improvement with prior physical therapy. The medical records provided included a chiropractic evaluation on March 05, 2015, but the documentation provided did contain chiropractic therapy visits and if the injured worker experienced any functional improvement secondary to chiropractic therapy. The treating physician requested magnetic resonance imaging of the cervical spine, lumbar spine, and the right shoulder, along with a nerve conduction velocity of the bilateral upper extremities, but the documentation provided did not contain the specific reasons for the requested studies. The treating physician also requested four to six sessions of chiropractic therapy, twelve sessions of physical therapy, and eight sessions of acupuncture, but the documentation provided did not contain the specific reasons for the requested therapies.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter (Online Version) Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

**Decision rationale:** The patient is a 35-year-old female with an injury on 09/04/2013. She had right carpal tunnel syndrome and on 01/14/2015, she had right carpal tunnel release surgery. After the surgery, she had at least three visits of physical therapy and she had chiropractic therapy. There was no documentation of an functional improvement with physical therapy in the note on 02/02/2015 or with chiropractic therapy in the note on 03/05/2015. There is no documentation of a recent cervical spine injury with red flag signs. The requested MRI is not consistent with MTUS, ACOEM Guidelines and is not medically necessary.

### **MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic Chapter - Online Version, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

**Decision rationale:** The patient is a 35-year-old female with an injury on 09/04/2013. She had right carpal tunnel syndrome and on 01/14/2015, she had right carpal tunnel release surgery. After the surgery, she had at least three visits of physical therapy and she had chiropractic therapy. There was no documentation of an functional improvement with physical therapy in the note on 02/02/2015 or with chiropractic therapy in the note on 03/05/2015. There is no documentation of a recent lumbar injury with red flag signs. The requested MRI is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

### **MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Online Version) Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195 - 220.

**Decision rationale:** The patient is a 35-year-old female with an injury on 09/04/2013. She had right carpal tunnel syndrome and on 01/14/2015, she had right carpal tunnel release surgery. After the surgery, she had at least three visits of physical therapy and she had chiropractic therapy. There was no documentation of an functional improvement with physical therapy in the note on 02/02/2015 or with chiropractic therapy in the note on 03/05/2015. There is no documentation of a recent shoulder injury with red flag signs. The requested shoulder MRI is not consistent with MTUS, ACOEM guidelines and is not medically necessary

**NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261; 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter; Carpal Tunnel Syndrome Chapter; Forearm, Wrist & Hand Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253 - 279.

**Decision rationale:** The patient is a 35-year-old female with an injury on 09/04/2013. She had right carpal tunnel syndrome and on 01/14/2015, she had right carpal tunnel release surgery. After the surgery, she had at least three visits of physical therapy and she had chiropractic therapy. There was no documentation of an functional improvement with physical therapy in the note on 02/02/2015 or with chiropractic therapy in the note on 03/05/2015. There is no documentation of a new hand/wrist injury or any red flag signs associated with a new injury. She has already been treated, had surgery and had follow up for the right carpal tunnel syndrome. The requested nerve conduction studies of both upper extremities is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

**Chiropractic treatment x 4-6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The patient is a 35-year-old female with an injury on 09/04/2013. She had right carpal tunnel syndrome and on 01/14/2015, she had right carpal tunnel release surgery. After the surgery, she had at least three visits of physical therapy and she had chiropractic therapy. There was no documentation of an functional improvement with physical therapy in the note on 02/02/2015 or with chiropractic therapy in the note on 03/05/2015. There is no documentation that the previous chiropractic therapy was effective treatment and there is no indication for further chiropractic treatment for carpal tunnel syndrome. The request is not medically necessary.

**Physical therapy x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

**Decision rationale:** The patient is a 35-year-old female with an injury on 09/04/2013. She had right carpal tunnel syndrome and on 01/14/2015 she had right carpal tunnel release surgery. After the surgery, she had at least three visits of physical therapy and she had chiropractic therapy. There was no documentation of an functional improvement with physical therapy in the note on 02/02/2015 or with chiropractic therapy in the note on 03/05/2015. The patient previously had physical therapy after the release surgery and there was no documentation that it was effective treatment. MTUS, Chronic Pain notes that the requested 12 physical therapy visits exceeds the guidelines maximum number of visits allowed under the guideline; the requested 12 visits are not medically necessary.

**Acupuncture treatment x 8 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient is a 35-year-old female with an injury on 09/04/2013. She had right carpal tunnel syndrome and on 01/14/2015, she had right carpal tunnel release surgery. After the surgery, she had at least three visits of physical therapy and she had chiropractic therapy. There was no documentation of an functional improvement with physical therapy in the note on 02/02/2015 or with chiropractic therapy in the note on 03/05/2015. The requested 8 visits of acupuncture treatment exceeds the maximum allowed initial treatment. There must first be documentation that with 4 - 6 visits that acupuncture is effective treatment before more visits are medically necessary. The requested 8 visits of acupuncture are not consistent with the guidelines and are not medically necessary.