MAXIMUS Federal Services

Case Number:	CM15-0167693		
Date Assigned:	09/08/2015	Date of Injury:	03/05/2005
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 64-year-old female who experienced an industrial injury on March 5, 2005, which resulted in neck and left wrist pain. Provided related diagnoses have included, carpal tunnel syndrome, status post C4-5 fusion, cervical radiculopathy, and torticollis. Documented treatment includes cervical fusion, home exercise, and pain medication including Ultram ER, Tramadol, Naproxen, and Gabapentin reported on July 28, 2015 progress report to reduce pain from 8 or 9 to 5 or 6 on a pain scale of 1-10. The injured worker continues to present with left wrist pain, neck pain, and has developed head and neck tremors. The treating physician's plan of care includes 12 sessions of physical therapy, 12 sessions of acupuncture, and an MRI of the left wrist. Work status is temporarily total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2005 and has diagnoses of carpal tunnel syndrome, status post C4-5 fusion, cervical radiculopathy, and torticollis. Documented treatment includes cervical fusion, home exercise, and pain medication including Ultram ER, Tramadol, Naproxen, and Gabapentin reported on July 28, 2015 progress report to reduce pain from 8 or 9 to 5 or 6 on a pain scale of 1-10. There is still left wrist pain, neck pain, and the claimant has developed head and neck tremors. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self- actualization. This request for more skilled, monitored therapy was not medically necessary and appropriately non-certified.

Acupuncture 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant was injured in 2005 and has diagnoses of carpal tunnel syndrome, status post C4-5 fusion, cervical radiculopathy, and torticollis. Documented treatment includes cervical fusion, home exercise, and pain medication including Ultram ER, Tramadol, Naproxen, and Gabapentin reported on July 28, 2015 progress report to reduce pain from 8 or 9 to 5 or 6 on a pain scale of 1-10. There is still left wrist pain, neck pain, and has developed head and neck tremors. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective. The request for 12 sessions was not medically necessary and appropriately non-certified under the MTUS Acupuncture criteria.

One (1) MRI of the left wrist Tesla 3.0: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Wrist, MRI.

Decision rationale: As noted, this claimant was injured in 2005 and has diagnoses of carpal tunnel syndrome, status post C4-5 fusion, cervical radiculopathy, and torticollis. Documented treatment includes cervical fusion, home exercise, and pain medication including Ultram ER, Tramadol, Naproxen, and Gabapentin. The medicines as of July 2015 reduce pain from 8 or 9 to 5 or 6 on a pain scale of 1-10. There is still left wrist pain, neck pain, and has developed head and neck tremors. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding MRI of the wrist, the ODG notes: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) Indications for imaging: Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) In this case, the criteria and the normal plain x-rays are not noted. The request is not medically necessary and appropriately non-certified, as criteria are not met.