

<b>Case Number:</b>	CM15-0189787		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This is a 46-year-old female with a date of industrial injury 1-23-2014. The medical records indicated the injured worker (IW) was treated for right shoulder impingement; right wrist status post deQuervain's release; right wrist dorsal ganglion cyst with partial tear of the triangular fibrocartilage complex and evidence of ulnar impaction syndrome; status post left hand middle and ring finger trigger release; right hand and wrist pain extending into the elbow; possible systemic arthritis. Treatments included medications, bracing, right wrist deQuervain's release and injections, left hand middle and ring finger release (2014); chiropractic; and several courses of physical therapy without significant improvement, according to the records. MRI of the right wrist on 3-2-15 showed degeneration or low-grade partial tear of the dorsal aspect of the triangular fibrocartilage complex, subchondral bone marrow edema within the ulnar aspect of the proximal lunate and a 5 x 2 mm ganglion just dorsal to the radiocarpal joint. A previous MRI of the right wrist was also submitted, dated 3-12-14. The IW was on modified duty. In the progress notes (8-12-15), the IW reported her hands and wrists and the right shoulder and elbow still bothered her. Home exercise was not helping. On examination (8-12-15 notes), she had a ganglion cyst with some mild tenderness to the area. There was pain over the ulnar side of the wrist and much pain in the forearm on the right side with flexor and extensor muscle mass tenderness. The right elbow and right shoulder were also painful. A Request for Authorization was received for 12 sessions of physical therapy for the right hand and wrist. The Utilization Review on 9-10-15 non-certified the request for 12 sessions of physical therapy for the right hand and wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the right hand and wrist, twelve sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic January 2014 injury with last surgery in 2014. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy for the right hand and wrist, twelve sessions is not medically necessary and appropriate.

**MR arthrogram, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, failed conservative trial, demonstrated limited ADL function, acute flare-up, new injury, progressive clinical deterioration or specific surgical lesion, the medical necessity for shoulder MRA has not been established. The MR arthrogram, right shoulder is not medically necessary and appropriate.

**MR arthrogram, right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MR with recent MRI done in March 2015 already with findings of low-grade partial tear without evidence of instability or progressive neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MR arthrogram, right wrist is not medically necessary and appropriate.

**MRI right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Summary.

**Decision rationale:** Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness without instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI right elbow is not medically necessary and appropriate.