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| Case Number: | CM15-0196306 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 04/05/2010 |
| Decision Date: | 12/23/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old male, who sustained an industrial injury on 4-05-2010. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, right cubital tunnel release on 5-21-2015, bilateral upper extremity elbow rehabilitation (at least 6 sessions plus 11 additional visits to 9-01-2015 with discharge to home exercise program), home exercise program, and medications. On 8-10-2015, the injured worker complains of "hands have been triggering" in left long-index finger, and right hand also having painful triggering. Elbows were reported as "doing about the same", noting that "therapy is helpful", and pain radiated up into his back. Exam noted "wounds well healed", "decreased pain", no acute neurological changes, and "good" range of motion. X-rays were taken of the cervical spine, lumbar spine, thoracic spine, bilateral forearm, bilateral elbow, and bilateral humerus. Findings were noted as "no acute changes". Medications included Ibuprofen and Aspirin. He was to "remain off work until unknown". Per the PR2 dated 7-23-2015, x-rays were taken of the bilateral elbow, bilateral humerus and bilateral forearm, with "no acute changes". Per the PR2 dated 6-26-2015, x-rays were taken of the right hand, bilateral forearm, right wrist, bilateral humerus, and bilateral elbow, with "no changes". Prior treatment directed for finger triggering was not documented. The treatment plan included left thumb, index and long trigger finger release, occupational-physical therapy x18, retrospective x-ray 2V cervical spine, retrospective x-ray 2V lumbar spine, retrospective x-ray 2V thoracic spine, retrospective x-ray 2V bilateral humerus, retrospective x-ray 2V bilateral forearm, and retrospective x-ray 2V bilateral elbow, non-certified by Utilization Review on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb/index/long trigger finger release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CAMTUS/ACOEM hand complaints, page 271 recommends failure of 2 injections prior to surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case the triggering has not been treated with corticosteroid. Therefore the request is not medically necessary.

Physical therapy or occupation therapy x18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm, Forearm, Wrist, & Hand.

Decision rationale: CA MTUS/Postsurgical treatment guidelines, Elbow and Upper Arm, Cubital tunnel release, page 16 recommends 20 postoperative visits over a 3 month period. It recommends initially of the 20 visits initially. In this case, the worker has completed 17 visits under prior approval and was discharged to home exercise program. There is no rationale provided as to why additional visits are expected to provide functional improvement. Further, the 18 visits are more than the 10 initially recommended. The request is not medically necessary.

Retro: X-ray 2V C Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: CA MTUS/ACOEM chapter 12, low back complaints, page 296 recommends spine x-ray be done for trauma or presence of red flag symptoms. In this case, there are no red-flag symptoms or presence of recent trauma. There is no rationale why radiographs are needed. The request is not medically necessary.

Retro: X-ray 2V L -Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: CA MTUS/ACOEM chapter 12, low back complaints, page 296 recommends spine x-ray be done for trauma or presence of red flag symptoms. In this case, there are no red-flag symptoms or presence of recent trauma. There is no rationale why radiographs are needed. The request is not medically necessary.

Retro: X-ray 2V T-spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: CA MTUS/ACOEM chapter 12, low back complaints, page 296 recommends spine x-ray be done for trauma or presence of red flag symptoms. In this case, there are no red-flag symptoms or presence of recent trauma. There is no rationale why radiographs are needed. The request is not medically necessary.

Retro: X-ray 2V (B) humerus: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: CA MTUS/ACOEM chapter 9, shoulder complaints, page 207 addresses the use of humerus x-ray. They are recommended in the case of prolonged symptoms or the presence of red flag symptoms. In this case there is no trauma documented to warrant the requested x-rays. The request is not medically necessary.

Retro: X-ray 2V (B) forearm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: CA MTUS/ACOEM forearm, wrist and hand chapter address the use of forearm x-ray. They are recommended in the case of prolonged symptoms or the presence of red flag symptoms. In this case there is no trauma documented to warrant the requested x-rays. The request is not medically necessary.

Retro: X-ray 2V (B) elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM, elbow complaints, addresses the use of elbow x-ray. They are recommended in the case of prolonged symptoms or the presence of red flag symptoms. In this case there is no trauma documented to warrant the requested x-rays. The request is not medically necessary.