MAXIMUS Federal Services

Case Number:	CM15-0199536		
Date Assigned:	10/14/2015	Date of Injury:	04/07/2014
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 57 year old male who sustained an industrial injury on 04-07-2014. A review of the medical records indicated that the injured worker is undergoing treatment for chronic left wrist pain. The injured worker is status post left wrist ganglion cyst removal and ligament repair on 09-20-2014. According to the treating physician's progress report on 08-31-2015, the injured worker continues to experience swelling and sharp pain in the left wrist associated with stiffness, weakness, numbness and tingling. The left hand and arm sensation is intact to pinprick and somewhat hypersensitive on the left fingertips. Color, temperature and capillary refill were within normal limits. Neurological and tendon provocative testing was negative bilaterally. There was no evidence of tenosynovitis or tendon subluxation. Fluoroscopic visualization of the left wrist and hand performed in office on 08-31-2015 showed generalized osteopenia of the bones of the left hand and wrist in comparison to the right. No other bony or joint abnormalities were noted. X-rays of the left hand performed on 08-18-2015 with official report were included in the review. Prior treatments have included diagnostic testing, surgery, post-operative hand therapy, acupuncture therapy and medications. Current medications were listed as Tramadol, Gabapentin and Diclofenac. Treatment plan consists of the current request for pain management consultation and treatment, magnetic resonance imaging (MRI) of the left wrist and hand therapy twice a week for 8 weeks to the left hand. On 09-09-2015 the Utilization Review determined the request for pain management consultation and treatment, magnetic resonance imaging (MRI) of the left wrist and hand therapy twice a week for 8 weeks to the left hand was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult / treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation. The injured worker is diagnosed with left wrist pain and is status-post ganglion cyst removal. The medications he is being prescribed includes Tramadol, Gabapentin and Diclofenac. The request for pain management consult / treatment is not medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The MTUS Guidelines do not recommend the use of MRI as a routine evaluation tool for wrist injuries as most recover quickly and can be diagnosed without imaging. In the absence of red flags, conservative therapy should be utilized for 6-8 weeks prior to imaging or special tests are considered. In this case, the injured worker is status-post ganglion cyst removal and there is no indication of a red flag that would warrant the use if an MRI. The request for MRI of the left wrist is not medically necessary.

Hand therapy 2 times a week for 8 weeks to the left hand: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate

discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker participated in post-operative left hand therapy following a ganglion cyst removal on 9-20-14 without significant objective improvement. At this point post-operatively, the injured worker should be able to continue with a self-paced, home-based exercise program. Additionally, this request for 16 sessions exceeds the recommendations of the guidelines, therefore, the request for hand therapy 2 times a week for 8 weeks to the left hand is not medically necessary.