

Case Number:	CM15-0220919		
Date Assigned:	11/16/2015	Date of Injury:	04/22/2015
Decision Date:	12/31/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/10/2015

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of April 22, 2015. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for electrodiagnostic testing for bilateral upper extremities, partially approved a request for 12 to 18 sessions of occupational therapy as 6 sessions of the same, and failed to approve a request for MRI imaging of bilateral wrists. The claims administrator referenced a September 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 9, 2015 office visit, the applicant reported ongoing issues with hand and wrist pain. The applicant was apparently using a left wrist brace, the treating provider reported. The applicant reported dropping articles with both hands, the treating provider stated. 5/5 upper extremity motor function was noted. Positive Phalen and carpal compression was noted about the bilateral wrists. The applicant was given diagnoses of wrist sprains, rule out carpal tunnel syndrome, rule out scaphoid ligament tears, and rule out Kienbock's disease of the bilateral wrists. The attending provider referenced an earlier MRI imaging of the wrist dated August 4, 2015 demonstrating a volar ganglion cyst. Electrodiagnostic testing of bilateral upper extremities, MRI imaging of the bilateral wrists to "rule out underlying pathology," an ultrasound testing of the bilateral hands and wrists, and 12 to 18 sessions of occupational therapy were all seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Wrists: 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): Summary.

Decision rationale: No, the request for MRI imaging of the bilateral wrists was not medically necessary, medically appropriate, or indicated here. The primary operating diagnoses present here, per the attending provider's September 9, 2015 office visit included bilateral wrist sprains, carpal tunnel syndrome, and left wrist ganglion cyst. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging as 0/4 in its ability to identify and define suspected ligament and tendon strains, a 1/4 in its ability to identify and define suspected carpal tunnel syndrome and 0a /4 in its ability to identify and define suspected ganglion cysts. It was not clearly stated why MRI imaging was sought for diagnoses for which it has scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. It is further noted that the applicant had had left wrist MRI imaging some one month prior, on August 4, 2015, identifying a ganglion cyst. It was not clearly stated why MRI imaging of the bilateral wrists to include repeat MRI imaging of left wrist was sought one month after the applicant had received prior left wrist MRI imaging. It was not stated how (or if) said wrist MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.

Ultrasound Bilateral Wrists: 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): Special Studies. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg. 581 Table 1. Summary of Recommendations for Diagnostic and Other Testing for Hand, Wrist, or Forearm Disorders Ultrasound Hand, Wrist, and Forearm Disorders 581 Ultrasound for the evaluation of chronic wrist pain with suspected occult dorsal or volar wrist ganglia. It may be beneficial in select cases in deciding on the course of treatment. - No Recommendation, Insufficient Evidence (I).

Decision rationale: Similarly, the request for ultrasound testing of bilateral wrists was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 268, special studies such as the ultrasound testing in question are not needed until after a 4- to 6-week period of conservative care and observation. Here, the attending provider ordered 12-18 sessions of occupational therapy on the September 9, 2015 office visit on which the ultrasound testing of the bilateral wrists was proposed. It did not appear, thus, that conservative care had been attempted and/or failed prior to the request for

ultrasound imaging of the bilateral wrists being considered. While the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Disorders Chapter notes on page 581 that there is "no recommendation" for or against usage of ultrasound testing in the evaluation of applicants with suspected ganglion cysts but notes that said ultrasound testing may be beneficial in select cases in deciding on the course of treatment, here, however, earlier left wrist MRI imaging of August 4, 2015 did establish a diagnosis of left wrist ganglion cyst, seemingly obviating the need for the bilateral wrist ultrasound testing in question. The fact that MRI studies of bilateral wrists and ultrasound testing involving the bilateral wrists were concurrently ordered on the same date of service, September 9, 2015, strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

Occupational therapy 2-3 per week x 6 weeks #12-18: 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: Finally, the request for 12 to 18 sessions of occupational therapy for the wrist was not medically necessary, medically appropriate, or indicated here. The 12-18 session course of treatment at issue, in and of itself, represented treatment well in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts, i.e., the diagnosis reportedly present here. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of therapy well in excess of MTUS parameters, and seemingly at odds with both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, both of which recommend tapering and/or fading the frequency of treatment over time and transitioning the claimant toward self-directed, home-based physical medicine. Here, it was not clearly stated why the applicant was incapable of transitioning to self-directed, home-based physical medicine, just as he has already returned to modified duty work as of the date in question, September 9, 2015. Therefore, the request was not medically necessary.