

Case Number:	CM15-0040899		
Date Assigned:	03/11/2015	Date of Injury:	04/09/2012
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/04/2015

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:

The injured worker is a 36-year-old male who sustained an industrial injury on April 9, 2012. He has reported pain in the bilateral wrist and hand, left elbow, and bilateral shoulders and has been diagnosed with carpal tunnel syndrome, tendinitis/bursitis of the hands/wrist, bursitis and tendinitis of the shoulders, lateral epicondylitis of the left elbow, medial epicondylitis of the left elbow, and aftercare for surgery of the musculoskeletal system. Treatment has included surgery and physical therapy. Currently the injured worker had 2+spasm and tenderness to the bilateral upper shoulder muscles and bilateral rotator cuff muscles. Speeds test were positive bilaterally. Supraspinatus test was positive bilaterally. Elbows had a positive Cozen's sign on the left. There was +2 spasm and tenderness to the bilateral anterior wrist. The treatment plan included physical therapy and an MRI of the right hand, left elbow.

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 only - paraffin 3 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist Hand section, and Paraffin wax baths.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in the bilateral wrist and hand, left elbow, and bilateral shoulders. The request is for PHYSICAL THERAPY FOR THE RIGHT HAND ONLY, PARAFFIN 3X2. The RFA provided is dated 01/19/15. Patient's diagnosis included carpal tunnel syndrome, tendinitis/bursitis of the hands/wrist, bursitis and tendinitis of the shoulders, lateral epicondylitis of the left elbow, medial epicondylitis of the left elbow, and aftercare for surgery of the musculoskeletal system. The reports do not reflect whether the patient is working. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater is requesting 6 additional sessions of physical therapy for the right hand. Per progress report dated 01/19/15, the patient has received 12 sessions of physical medicine and has shown significant functional improvement. Treater states that the additional sessions are to increase activities of daily living, decrease work restrictions, decrease the need for medication; however, a rationale for why the patient is unable to transition into a home exercise program is not provided. Furthermore, the requested 6 additional sessions with the 12 treatments already authorized exceed what is allowed per MTUS for this kind of condition. Therefore, the request IS NOT medically necessary.

MRI 3D of the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist Hand section, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Health Net National Medical Policy (www.healthnet.com).

Decision rationale: The patient presents with pain in the bilateral wrist and hand, left elbow, and bilateral shoulders. The request is for PHYSICAL THERAPY FOR THE RIGHT HAND ONLY, PARAFFIN 3X2. The RFA provided is dated 01/19/15. Patient's diagnosis included carpal tunnel syndrome, tendinitis/bursitis of the hands/wrist, bursitis and tendinitis of the shoulders, lateral epicondylitis of the left elbow, medial epicondylitis of the left elbow, and aftercare for surgery of the musculoskeletal system. The reports do not reflect whether the patient is working. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations, "for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6-week period of conservative and observation." Given the patient's chronic condition, ODG Guidelines are consulted. For MRI of the hands/wrists, ODG Guidelines recommends magnetic resonance imaging when there is suspicion of soft tissue tumor or Kienbock's disease. Regarding 3D MRI's, the Health Net National Medical Policy (www.healthnet.com) do not recommend it above conventional MRI's

except for spine fractures, pre-operative planning for other complex surgical cases. Treater is requesting a right hand MRI due to red flags of decreased active range of motion with pain, chronic pain, positive orthopedic tests, and unresolved symptoms from prior reattachment surgery of the right fingers. Review of the medical records did not show a history of hand MRI. Special studies are not needed until after 4 to 6-week period of conservative and observation. Per progress report dated 01/19/15, the patient has received 12 sessions of physical medicine and has shown significant functional improvement. Given the patient's persistent symptoms, an MRI may be reasonable but the request is for a 3D MRI, which is not recommended on a routine basis when a conventional MRI's would suffice. The request IS NOT medically necessary.