MAXIMUS Federal Services

Case Number:	CM15-0043327		
Date Assigned:	03/13/2015	Date of Injury:	04/23/2014
Decision Date:	07/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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
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 41 year old female patient who sustained an industrial injury on 04/23/2014. The injury occurred while working she was lifting heavy boxes and began with an acute onset of bilateral wrist and weakness of upper extremities. A recent pain management initial visit dated 02/10/2015 reported the patient with subjective complaint of bilateral wrist pain. The pain is rated an 8 out of 10 in intensity and characterized as burning, cramping, sharp, pressure-like, stabbing and throbbing. The pain occurs constantly and does radiate to the left shoulder. Medical treatment to date includes: carpal tunnel release procedure, physical therapy, and medications naproxen and Tramadol. The following diagnoses are applied: carpal tunnel syndrome; brachial neuritis or radiculitis; myalgia and myositis; skin sensation disturbance, and chronic pain syndrome. She was prescribed the following: Flexeril, Fenoprofen Calcium, Gabapentin, Lidocaine, and Omeprazole. The plan of care involved: if the patient fails conservative treatment she is a great candidate for FRP. She is to follow up in 4 weeks. The doctor also recommended a course of occupational therapy treating bilateral wrists. A primary treating period report dated 09/12/2014 reported the following diagnoses applied: lumbar spine strain/sprain; lumbar disc herniation and annular tear; lower extremity pain radiation, and unspecified anxiety and depression. The plan of care described the patient shown improvement with a trial of 6 treatments. The doctor is recommending a medical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for right wrist x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The patient presents pain and weakness in her neck and upper extremity. The patient is s/p carpal tunnel surgery on 12/08/14. The request is for 8 sessions of occupational therapy for the right wrist. Per 02/10/15 progress report, the patient is currently attending physical therapy. Per 09/12/14 progress report, the patient has had 6 sessions of chiropractic care with benefit. RFA is not provided and the utilization review determination date is on 02/27/15. Regarding work statue, the patient is currently unemployed. The current request of additional 8 therapy sessions is within post-operative time frame following the carpal tunnel surgery. For post-operative therapy treatments MTUS guidelines page 16 allow 3-8 sessions of occupational therapy over 3 months after following carpal tunnel syndrome surgery. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discuss exactly how many sessions of therapy the patient has had or how the patient has responded to the therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program after the current therapy is over. Furthermore, the requested 8 sessions combined with some already received would exceed what is allowed per MTUS for this kind of condition. The request is not medically necessary.

Acupuncture for right wrist x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents pain and weakness in her neck and upper extremity. The patient is s/p carpal tunnel surgery on 12/08/14. The request is for 8 sessions of acupuncture for the right wrist. RFA is not provided. Regarding work statue, the patient is currently unemployed. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for wrist complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, none of the reports provide information about this acupuncture request and no treatment history to understand whether or not the patient has had acupuncture in the past. If the patient has not tried acupuncture in the past, 3-6 sessions may be tried but the request is for 8 sessions exceeding what is allowed by MTUS. If the patient has already tried Acupuncture, the treater must provide documentation of functional improvement to be considered for additional treatments. Such documentations are not provided. Therefore, the request is not medically necessary.

Occupational therapy for left wrist x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The patient presents pain and weakness in her neck and upper extremity. The patient is s/p carpal tunnel surgery on 12/08/14. The request is for 8 sessions of occupational therapy for the left wrist. Per 02/10/15 progress report, the patient is currently attending physical therapy. RFA is not provided and the utilization review determination date is on 02/27/15. Regarding work statue, the patient is currently unemployed. The current request of additional 8 therapy sessions is within post-operative time frame following the carpal tunnel surgery. For post-operative therapy treatments MTUS guidelines page 16 allow 3-8 sessions of occupational therapy over 3 months after following carpal tunnel syndrome surgery. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discuss exactly how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program after the current therapy is over. Furthermore, the requested 8 sessions combined with some already received would exceed what is allowed per MTUS for this kind of condition. The request is not medically necessary.

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MRI without contrast for cervical spine x 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: The patient presents pain and weakness in her neck and upper extremity. The patient is s/p carpal tunnel surgery on 12/08/14. The request is for MRI of the cervical spine without contrast. RFA is not provided. Per 02/10/15 progress report, physical examination shows restricted range of cervical motion. Her cervical flexion is to 30 degrees, extension is to 30 degrees and lateral rotation is 45 degrees bilaterally. There is spasm and tenderness over C6 and C7. "Spurling's maneuver causes pain but no radicular pain." Review of the reports does not show that the patient has had an MRI of the cervical spine in the past. Regarding work statue, the patient is currently unemployed. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, such suspicions are not discussed in any of the reports. The patient has neck pain but "no radicular symptoms" to be concerned about any neurologic issues. There are no red flags and examination findings do not show evidence to be concerned. However, the treater has asked for an MRI "in order to rule out any structural pathology that might require surgery. The request IS medically necessary.