

Case Number:	CM15-0048746		
Date Assigned:	04/14/2015	Date of Injury:	04/24/2009
Decision Date:	05/22/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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 60-year-old who has filed a claim for bilateral wrist pain and upper extremity paresthesias reportedly associated with an industrial injury of April 24, 2009. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve requests for cervical MRI imaging and 12 sessions of physical therapy. Non-MTUS ODG Guidelines were invoked in favor of MTUS Guidelines. Electrodiagnostic testing of upper extremities was, however, approved. The claims administrator referenced a December 9, 2014 progress note in its determination. On December 9, 2014, the applicant reported complaints of upper extremity paresthesias reportedly attributed to cumulative trauma at work, 8/10. Bilateral wrist pain was also noted. The applicant was seemingly working, it was suggested. Some tenderness over the trapezius musculature was appreciated. 5/5 bilateral upper extremity strength was also noted. The applicant had apparently treated through a number of other providers, it was acknowledged, and already had established diagnosis of electrodiagnostically-confirmed, severe bilateral carpal tunnel syndrome. Twelve sessions of physical therapy for the shoulders and hands, MRI imaging of the cervical spine, electrodiagnostic testing o the bilateral upper extremities were proposed. Tramadol and Protonix were prescribed. Work restrictions were endorsed. It appeared (but was not clearly stated) that the applicant was, in fact, working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the bilateral hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) - Forearm, Wrist. & Hand - Physical/ Occupational therapy.

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

Decision rationale: No, the request for 12 sessions of physical therapy for the bilateral hand was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had already returned to regular duty work. The applicant was possessed of 5/5 bilateral upper extremity strength on the most recent office visit of December 9, 2014. It was not clearly established, thus, why the applicant could not likewise transition to self-directed home-based physical medicine without the lengthy formal course of physical therapy proposed here, just as the applicant had already successfully returned to work. Therefore, the request was not medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for cervical MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure based on the outcome of the study in question. No clear or compelling rationale accompanied the request for cervical MRI imaging. The December 9, 2014 progress note seemingly stated that the applicant's primary foci of pain were the bilateral hands and bilateral upper extremities. The applicant's primary presenting complaint was bilateral upper extremity paresthesias. The applicant had an established diagnosis of carpal tunnel syndrome (CTS). There was no explicit mention made of neck pain in the subjective section of the report. Only incidental mention of the neck and/or paracervical musculature transpired in the objective section of the note. Thus, there was, in short, no

evidence that the cervical MRI in question would influence or alter the treatment plan and no evidence that the applicant would act on the results of the cervical MRI in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.