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| Case Number: | CM15-0056297 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 02/01/2012 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on 02/01/2012. The injured worker reportedly suffered an injury after placing her right hand out to stop a metal drawer from hitting a patient. The diagnoses have included status post right carpal tunnel release with residuals, rule out recurrent right carpal tunnel syndrome, rule out ulnar entrapment at right Guyon's canal, rule out right acromioclavicular joint arthrosis, and impingement syndrome with tendinitis and bursitis, and lateral epicondylitis of the right elbow. Treatment to date has included medications, injections, bracing, wrap, surgery, physical therapy, and acupuncture. The current medications included Norco for pain. Currently, as per the physician progress note dated 01/23/2015, the injured worker complains of continued pain in the neck, bilateral shoulders, right elbow, right hand/wrist with numbness and tingling. The pain was described as being sharp. She was not working at the time of the exam. The objective findings revealed right shoulder tenderness, decreased range of motion in the shoulder with pain noted, positive Neer's test and acromioclavicular compression test and empty can test created discomfort. Exam of the right elbow revealed tenderness, pain with range of motion and positive Cozen's test. The right wrist exam revealed tenderness, pain with extreme range of motion, positive Tinel's Durken's and Phalen's test over the carpal tunnel and positive Tinel's test at the Guyon's canal. The physician requested X-Ray of the Right Shoulder, X-Ray of the Right Hand, X-Ray of the Right Wrist, Physical Therapy Evaluation and Treatment, 2 times weekly for 6 weeks for the Right Shoulder, and Cortisone Injection to the Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, the injured worker has been diagnosed with possible right acromioclavicular joint arthrosis, impingement syndrome, and tendinitis/bursitis. There was insufficient information provided to support the necessity for an x-ray of the right shoulder. There is no mention of a recent attempt at any conservative management to include active rehabilitation. There is no indication that this injured worker is currently a surgical candidate. As the medical necessity has not been established in this case, the request is not medically appropriate.

X-Ray of the Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There is no documentation of an exhaustion of all conservative management prior to the request for an x-ray. The injured worker has been diagnosed with possible carpal tunnel syndrome. The injured worker is also status post right carpal tunnel release with residual symptoms. The medical necessity for the requested x-ray has not been established in this case. As such, the request is not medically necessary.

X-Ray of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There is no documentation of an exhaustion of all conservative management prior to the request for an x-ray. The injured worker has been diagnosed with possible carpal tunnel syndrome. The injured worker is also status post right carpal tunnel release with residual symptoms. The medical necessity for the requested x-ray has not been established in this case. As such, the request is not medically necessary.

Physical Therapy Evaluation and Treatment, 2 times weekly for 6 weeks for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The California MTUS Guidelines state active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker is pending a physical therapy evaluation. The request as submitted for an evaluation with treatment would not be supported, as the physical therapy evaluation should be documented prior to the decision to order further treatment. In addition, there is no evidence of significant functional improvement following the initial course of physical therapy. Given the above, the request is not medically necessary.

Cortisone Injection to the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection may be indicated after conservative therapy for 2 to 3 weeks. The injured worker was pending authorization for a physical therapy evaluation for the right shoulder. In the absence of an exhaustion of recent conservative management to include active rehabilitation, a cortisone injection would not be supported. Given the above, the request is not medically necessary.