MAXIMUS Federal Services

Case Number:	CM15-0060790		
Date Assigned:	04/07/2015	Date of Injury:	02/12/2012
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 58 year old female patient who sustained an industrial injury on 02/12/2012. An initial orthopedic consultation dated 02/17/2015 reported the patient with initial complaint of numbness, pain and tingling to bilateral hands. She did not report injury right away and sought advice from her primary care who prescribed hand splints and steroid injections. She underwent electrodiagnostic nerve conduction study, and on 04/12/2013 she underwent left carpal tunnel release reporting post operative complications and a repeat nerve conduction study performed 10/01/2013. She did attend post-operative physical therapy sessions, used topical creams, massage, and a transcutaneous nerve stimulator unit. She currently takes Tramadol, Naprosyn and Hydrocodone. Her current complaints are of pain, numbness, tingling and weakness in bilateral hands, and over anterior aspect of left elbow. The following diagnoses are applied: progressive worsening of pain, numbness and weakness bilateral hands; left greater, status post release left carpal tunnel syndrome and left forearm, chronic myofascial pain syndrome, thoracolumbar spine and pain with numbness to the bilateral lower extremities. The plan of care involved requesting diagnostic consultation, neurological consultation and desensitization at physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for desensitization 2 times a week for 6 weeks for the bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines Page(s): 44, 99,Postsurgical Treatment Guidelines.

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

Decision rationale: Physical therapy for desensitization 2 times a week for 6 weeks for the bilateral wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for reflex sympathetic dystrophy (CRPS) the patient is recommended to have up to 24 visits of physical/occupational therapy over 16 weeks. The documentation indicates that the patient was recommended to have at least this amount of therapy. The exact and total number of PT sessions is not clear since the date of injury. Regardless, the MTUS recommends a transition to an independent home exercise program, which the patient should be versed in. The request is not medically necessary.

Neurological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Neurology consultation is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a neurology consultation. The documentation indicates that the patient has already had a neurological consultation and given a diagnosis of probably CRPS. For this reason the request for another neurological consultation is not medically necessary.