

Case Number:	CM13-0066580		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2008
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 58 year old female that reported an injury on 12/10/2010 with a mechanism, surgical history, medications, and therapy notes with total of visits already received was not provided in the medical records. The clinical note dated 11/04/2013 noted that the patient complained of a pain level to 2/10 to bilateral wrist. It reviewed the EMG/NCV studies from 10/22/2013 that demonstrated an evidence of severe median motor-sensory nerve entrapment at the wrist bilaterally, no evidence of cervical radiculopathy in both of upper extremities noted at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend physical medicine to help decrease pain and can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain. Patients are instructed to continue home exercises

as an extension of the treatment in order to help Improve levels. The patient's date of injury was 12/10/2007. The patient should be well versed in home exercise at this time. With a documented level of pain at a 2/10 the objective reasons for the continued therapy was not noted in the medical records at this time. There is no documentation of the number of visits that the patient has had or any functional improvement noted. The MTUS Chronic Pain Guidelines state that the number of visits for carpal tunnel syndrome is 24 visits over 16 weeks. Therefore the request is not medically necessary and appropriate.

MRI OF THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome, MRI's (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand (Acute & Chronic)

Decision rationale: The Official Disability Guidelines state there is not a noted change in conditions or suspected change to warrant the request of an MRI. The documentation reviewed the EMG/NCV test. The medical records noted a decrease in medication but there was not a list of medication on the clinical documentation for the date of 11/04/2013. The treatment plan for the clinical date 11/04/2013 notes to continue physical therapy of three times a week for four weeks with no documentation of how many visits the patient has been to or the progress of the therapy. The MTUS recommends that the repeat MRI should be reserved for a change in symptoms and or findings suggesting a significant pathology. The documentation lacked objective findings but noted a subjective decrease in the level of pain that the patient complained of. Therefore the request for the MRI is non-certified