

Case Number:	CM14-0129194		
Date Assigned:	08/20/2014	Date of Injury:	05/07/2013
Decision Date:	10/22/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year-old female was reportedly injured on May 7, 2013. The mechanism of injury is noted as a repetitive motion type injury while working as a customer service representative. The most recent progress note, dated July 21, 2014, indicates that there were ongoing complaints of left hand and wrist numbness, neck pain and bilateral arm and shoulder pain. The physical examination demonstrated an alert and oriented individual, sitting comfortably for the examination which showed tenderness to palpation of the cervical spine, with decreased range of motion in all planes. Examination of the left shoulder also showed decreased range of motion in all planes. Examination of the left hand and wrist demonstrated scars to the volar aspect of the wrist, with decreased sensation at the volar aspect. There is some slight thenar atrophy noted. Range of motion of the wrist is decreased in flexion and extension. Phalen's test and Tinel's sign are both positive. Finkelstein's test is negative. Grip strength is decreased on the left side. Diagnostic imaging studies include an MRI of the cervical spine, which showed multilevel disc protrusion with spinal canal narrowing, specifically with impingement on the C6 and C7 exiting nerve roots. Previous treatment includes medications, rest, ice, left carpal tunnel release, and synovectomy, as well as H-wave treatment. Requests have been made for 1 MR arthrogram of the left wrist, 1 home exercise kit for the neck and wrist, 1 aqua relief system, and 1 transfer of care to a pain management doctor, and were not certified in the pre-authorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (acute & chronic)

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

Decision rationale: MTUS/ACOEM practice guidelines do not support arthrography of the wrist and state that this diagnostic procedure has been replaced by an MRI which is both more sensitive and specific. Guidelines state that arthroscopy is thought to be superior to arthrograms in delineating ligament tears. A wrist MR Arthrogram would only be appropriate when there is suspicion of certain conditions, such as a soft tissue tumor, triangular fibrocartilage complex tear, or Kienbock's disease. The available medical records do not reveal any findings suggestive of these conditions. Furthermore, review of the available medical records fails to document any criteria that would warrant deviation from the guidelines; therefore, this test is not medically necessary.

One home exercise kit for the neck and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee, Durable Medical Equipment

Decision rationale: Other than stating that this device was intended to aid in home exercises for the neck and wrist, the specifics regarding this request were not included for consideration. Furthermore, there is no indication or documented difficulties suggesting the patient cannot perform home exercises without the use of a specialized kit. Considering the documents included for review and the lack of information regarding this request, it is not medically necessary.

One aqua relief system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (acute & chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Carpal Tunnel Syndrome (Acute & Chronic) - Continuous Flow Cryotherapy

Decision rationale: The MTUS and ACOEM guidelines do not address or make any recommendations regarding the use of an aqua relief system for the treatment of pain, and

therefore the ODG guidelines will be utilized. The ODG guidelines support continuous cold therapy as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven days, including home use. It is not recommended for use of the neck. While the patient did have a previous wrist surgery, the patient is no longer in the postoperative setting, and the device is not warranted. Therefore, the request for an aqua relief system is not medically necessary.

Transfer of care to a pain management doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, Page 127

Decision rationale: ACOEM guidelines support referral to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records, documents the clinician's belief that the patient would benefit from management by a pain medicine specialist, but fails to document any red flags or other reasons to warrant consultation. As such, this request is not medically necessary.