

Case Number:	CM14-0145035		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2012
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 California. 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 a 38 year old male who was injured on 06/14/2012. The mechanism of injury is unknown. The patient underwent right DeQuervain's tenosynovitis release on 06/24/2014. Prior medication history included Buspar and Cymbalta. Progress report dated 08/11/2014 states the patient presented with complaints of persistent right wrist pain and swelling. The note is written and illegible. The patient is diagnosed with bilateral wrist and hand overuse injury with DeQuervain's disease of the right wrist. The patient is recommended for physical therapy to the right wrist and a consult for a lumbar spine epidural steroid injection. Prior utilization review dated 09/02/2014 states the requests for Physical therapy 2 times 3 to post-operative right wrist; and Consult in consideration of lumbar spine epidural steroid injection (ESI) are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 3 to post operative right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist

Decision rationale: As per CA MTUS guidelines, physical medicine is 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 guidelines for tenosynovitis allow 14 PT visits over 12 weeks of postop. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary.

Consult in consideration of lumbar spine epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultations, 503

Decision rationale: As per CA MTUS, consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no evidence of neurological deficits on the exam. There is no imaging evidence of nerve root compression. There is no Electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such

as physiotherapy. Therefore, the request for consultation in consideration of lumbar spine epidural steroid injection (ESI) is not medically necessary.