

Case Number:	CM14-0180811		
Date Assigned:	11/05/2014	Date of Injury:	03/28/2014
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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:

This 33 year-old female packer sustained an injury to bilateral hands on 3/28/14 from performing the regular duties while employed by [REDACTED]. Request(s) under consideration include Additional physical therapy 3 x 4 bilateral wrist/ hand and MRI bilateral wrist/ hand. Diagnoses include bilateral wrist/ hand derangement. Conservative care has included medications, physical therapy (8 sessions), splinting, diagnostic EMG/NCS on 6/24/14 with normal findings, and modified activities/rest. Initial report of 5/14/14 from the provider noted patient with ongoing wrist and hand pain rated at 7-8/10 with radiating to arms and forearms associated with weakness, numbness and tingling. Exam showed diffuse tenderness, spasm, and swelling over dorsal and palmar aspects; TTP over thumbs, positive Tinel's and Phalen's; mildly restricted range due to pain. Treatment was for EMG/NCV of upper extremities to rule out CTS. The patient was TTD status. An EMG/NCS of 6/24/14 had normal findings. Report of 9/17/14 from the provider noted the patient with ongoing chronic symptoms of bilateral hand/wrist pain associated with numbness. Exam showed patient wearing braces; diffuse tenderness in all digits; negative Phalen's, tenderness at wrists, with Finkelstein sign present. The request(s) for Additional physical therapy 3 x 4 bilateral wrists/ hand and MRI bilateral wrist/ hand were non-certified on 10/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x 4 bilateral wrist/hand: 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 Therapy Page(s): 98-99.

Decision rationale: The request(s) for Additional physical therapy 3 x 4 bilateral wrist/ hand and MRI bilateral wrist/ hand were determined not medically necessary on 10/1/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received 8 sessions of PT without documented functional improvement. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this chronic injury. The Additional physical therapy 3 x 4 bilateral wrist/ hand is not medically necessary and appropriate.

MRI bilateral wrist/hand: 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), Forearm, Wrist, and Hand

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

Decision rationale: The request(s) for Additional physical therapy 3 x 4 bilateral wrists/ hand and MRI bilateral wrist/ hand were deemed not medically necessary on 10/1/14. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Recent June 2014 EMG/NCS had normal findings. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI bilateral wrist/hand is not medically necessary and appropriate.