

Case Number:	CM14-0181148		
Date Assigned:	11/05/2014	Date of Injury:	09/10/2013
Decision Date:	12/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine, 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:

Injured worker is a male with date of injury 9/10/2013. Per orthopedic evaluation dated 9/19/2014, the injured worker complains of pain at the bilateral palms, thenar eminences, small and ring fingers and elbows. He reports that at the thumbs and thenar eminences the pain is dull, shooting, and fairly constant, rated 6/10. He has some relief with the use of contrast baths, but the pain is worsened by gripping, twisting and lifting activities. The palms are extremely sensitive to even light touch, and he rates the pain in the palms at 7/10 most of the time. He also has some spasm and locking in the fingers, but notes that he is unable to put all four splints on at one time because of the way they restrict his motion. The small and ring fingers have a tingling sensation that he rates 5/10, more so in the small fingers. It is worse with gripping and twisting activities, and it was considerably worse when he was at work doing more keyboarding. He notes that while he has been off work the past three months, the paresthesias to the fingers has improved somewhat and he can tolerate keyboarding for 5-10 minutes at a time to answer emails. At the elbows, he experiences what he describes as sharp pain, rated 9/10. He finds that the elbows are often swollen and tender to touch. The pain locally does improve to some degree with the use of contrast baths. On examination cervical range of motion is normal in all planes, but there is contralateral pain at the endpoint of lateral bending right and left. Palpation of the shoulder reveals tenderness. Palpation of the forearms reveals tenderness. There is swelling and malalignment at the right first metacarpophalangeal joint with probably subluxation. Range of motion of the wrists is normal in all planes bilaterally with mild to moderate pain. Phalen's, Tinel's, carpal canal compression, Guyon's canal compression, Finklestein's and grind tests at the wrists/hands are positive bilaterally. Jamar grip testing is 80/110/90 on the right and 100/112/100 on the left. Diagnoses include 1) bilateral carpal tunnel syndrome 2) bilateral cubital tunnel

syndrome 3) bilateral deQuervain's tenosynovitis 4) bilateral lateral epicondylitis. All diagnoses are considered worse on the right than the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy for the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The requesting physician notes that the injured worker has had four sessions of physical therapy that were largely passive with minimal improvement. The injured worker is noted to be unable to verbalize or articulate an appropriate stretching and strengthening program for the upper extremities, but expresses an interest in learning a self-care exercise program. The requesting physician specifically is recommending an additional eight sessions of physical therapy at a specialty hand clinic so that the injured worker can learn a safe progressive independent exercise program, as well as adaptive techniques to minimize his risk of further injury. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The claims administrator reports that the injured worker has not returned to work and that there is no report of functional improvement from prior therapy to support the use of additional therapy. The injured worker actually has returned to work with work restrictions, and the requesting physician clearly explained the need for additional therapy. Conservative care is the treatment plan with this injured worker, and he is in need of a home exercise program. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for eight sessions of physical therapy for the bilateral upper extremities is determined to be medically necessary.

A cognitive behavioral therapy evaluation with two-hour testing: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions section Page(s): 23.

Decision rationale: Per the MTUS Guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain

than ongoing medication or therapy, which could lead to psychological or physical dependence. The criteria for use of cognitive behavior therapy (CBT) for chronic pain include (1) Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs (2) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine (3) Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone with an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) are recommended. The requesting physician explains that cognitive behavioral therapy evaluation to assess the injured worker's ability to benefit from cognitive behavioral therapy for management of chronic pain. The claims administrator acknowledges that the injured worker may benefit from cognitive behavioral therapy, as has partially certified the request for evaluation only, and not certifying the two hour testing. Testing is however a part of the evaluation, and is therefore determined to be medically necessary as is the evaluation. The request for a cognitive behavioral therapy evaluation with two-hour testing is determined to be medically necessary.

Labs: RF, CRP, and ANA: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

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

Decision rationale: The requesting physician explains the request of these labs is to rule out underlying autoimmune/inflammatory disease contributing to symptoms and/or delayed recovery. The MTUS Guidelines report that a number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. When history indicates, testing for these or other comorbid conditions is recommended. The testing of RF, CRP, ANA are indicated for screening of autoimmune and/or inflammatory diseases that may present with arthritis. The opinion of the claims administrator is that the requesting physician did not provide reasonable suspicion of these diseases. The injured worker presents with multiple upper extremity complaints that are present bilaterally, which is suspicion enough to consider systemic disease. The use of these screening tests is reasonable, and considered to be within the recommendations of the MTUS Guidelines. The request for RF, CRP, ANA is determined to be medically necessary.