

Case Number:	CM14-0183333		
Date Assigned:	11/10/2014	Date of Injury:	03/25/2007
Decision Date:	12/16/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family 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:

This is a 53 year old male patient who sustained a work related injury on 3/25/2007. Patient sustained the injury due to repetitive forceful work and handling of metal parts using his hands. The current diagnoses include cervicgia; cervical region radiculopathy; median nerve release; pain in the bilateral wrists and thoracic spine sprain. Per the doctor's note dated 10/6/14, patient has complaints of post surgical weakness of right wrist, pain and swelling of the right wrist, pain of the neck, upper back, shoulders, left elbow, and both hands and wrists with occasional headaches at 4/10; left shoulder and armpain with numbness and weakness at 5/10. Physical examination of the left and right shoulder revealed decreased and painful ROM, tenderness to palpation of the anterior and posterior shoulder. Physical examination of the bilateral elbows revealed tenderness to palpation. Positive valgus and varus test, tenderness on palpation over wrist, positive Finkelsteins, Phalens and Tinel sign. Physical examination of the cervical spine revealed decreased and painful ROM, tenderness to palpation of the cervical paravertebral muscles and cervical compression, Spurling's, cervical distraction and Foraminal compression causes pain. The medication lists include Vicodin, Deprizine, Dicopanol, Fanatrex, Synapryn, cyclobenzaprine, Tabradol, Ketoprofen Cream and compound medications. The patient has had 9/24/13 EMG/NCS BUE that revealed carpal tunnel syndrome of the right hand; on 10/10/13 X-ray of the cervical spine that revealed early disc space degenerative changes; on 08/15/14 Arthrography of left Wrist that revealed hypointense intra-articular structure in juxtaposition lateral to the navicular and distal to the radial styloid measuring 2.5mmx3.0mm; on 09/16/14 MR Arthroscopy of right Wrist that was normal and recent EMG revealed persistent left carpal tunnel symptoms. The patient's surgical history includes left carpal tunnel release on 11/20/07 and right carpal tunnel release on 12/4/13. The patient has received an unspecified

number of the PT and chiropractic care visits for this injury. The patient has used a brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions: 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.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical Therapy Sessions is not fully established for this patient.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Vicodin. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking

controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urine Drug Screen is medically appropriate and necessary in this patient.

Chiropractic Treatments #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy , Manual therapy & manipulation Page(s): 58-59, 98.

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The patient has received an unspecified number of the PT and chiropractic care visits for this injury. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of weakness or lack of strength or any significant functional deficits that could be benefitted with additional PT/Chiropractic visits Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Chiropractic Treatments #18 is not fully established for this patient.