

Case Number:	CM14-0218323		
Date Assigned:	01/08/2015	Date of Injury:	02/12/2014
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 50 year old male who reported injury on 2/12/14 from a slip and fall resulting in pain in the neck, right shoulder, right arm, right hand, knee and upper and lower back. He now has a dull, constant cervical radicular pain with intermittent sharpness and stabbing radiating down the right arm with numbness and tingling in the right arm and pinky finger and right wrist pain. The pain intensity was 8/10. The pain was worse with left and right movement and neck flexion. It was improved with physical therapy. On 2/13/14 he underwent open reduction internal fixation (ORIF) of the right humerus. The injured worker has diagnoses to include right wrist tear, ligament tears, ulnar positive variance; status post ORIF with contracture right shoulder; left shoulder compensatory strain; tennis elbow right elbow; cervical strain; multi-level disc herniation and degenerative disc disease cervical spine; low back pain with degenerative disc disease with osteophytes; right knee medial and lateral meniscus tears; right heel pain; headaches; posttraumatic stress disorder; severe anxiety and depression. He had several radiographs and MRI's done corresponding to areas of pain including cervical MRI (7/19/14) and lumbar MRI (9/10/14) and results support diagnoses. Past medical treatment consist of physical therapy, acupuncture, injections and medications. Medications include diclofenac, omeprazole, Tramadol, Nucynta, nortriptyline, Prazosin and cyclobenzaprine. On 11/07/2014, the injured worker complained of cervical pain. He rated the pain at 8/10, and described it as dull and constant. The injured worker stated that he felt stabbing pain going down his right arm with numbness and tingling in the right pinky. The pain was made worse when he looked both up and right, as well as with neck flexion. The injured worker stated to have

improvement of pain with physical therapy. Physical examination revealed a decreased range of motion of cervical flexion to 10 degrees and extension to less than 5 degrees. Manual muscle testing revealed that biceps were 4/5 on the right and 5/5 on the left. There was tenderness to palpation along the C4, C5, and C6 with radiation down to his right arm from spinous process palpation, as well as paraspinal tenderness along C4, C5, and C6 bilaterally. Medical treatment plan is for the injured worker to continue with physical therapy to include physical therapy to the right shoulder. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 6 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

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

Decision rationale: The request for physical therapy times 6 right shoulder is not medically necessary. The California MTUS Guidelines recommend physical medication as an option that can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling. Therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial to restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 to 10 visits over 8 weeks. The submitted documentation indicates that the injured worker attended physical therapy for the right shoulder in 10/2014. However, it was not indicated how many sessions the injured worker had completed to date, nor was it indicated that the physical therapy was helping with any functional deficits. There was 1 physical therapy progress note dated 10/07/2014 submitted for review. Given that it is unclear how many physical therapy sessions the injured worker had completed to date, establishing medical necessity cannot be attained. As such, the request is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for MRI of the right wrist is not medically necessary. The California MTUS/ACOEM Guidelines suggest special studies and diagnostics in cases of red flag conditions, suspicion of scaphoid fracture, after 4 to 6 weeks of failed conservative treatment, and signs and symptoms of any deficits. The submitted documentation dated

11/07/2014 indicated that the injured worker had cervical radicular pain. It was indicated that the pain radiated down to the right arm down to the pinky finger. Physical examination revealed a decreased range of motion of the cervical spine. Muscle testing of 4/5 on the biceps on the right, and 5/5 on the left. There was also tenderness to palpation along the C4, C5, and C6 with radiation down the right arm. However, there was no objective physical findings on examination regarding range of motion of the injured worker's right wrist. Additionally, a submitted MRI, which was obtained on 10/22/2014, indicated some increased signal beneath the transverse retinaculum near the median nerve. There was neutral ulnar variance with subtle lunotriquetral impaction. It was also noted that there was noncommunicating tear in the triangular fibrocartilage complex at the ulnar insertion. There was no rationale submitted for review to warrant a repeat MRI of the right wrist. It is unclear how the provider feels additional imaging would be beneficial to the injured worker. Given the above, medical necessity has not been established. As such, the request is not medically necessary.