

Case Number:	CM15-0004904		
Date Assigned:	01/16/2015	Date of Injury:	06/01/2013
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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

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:

The injured worker (IW) is a 52 year old female, who sustained a cumulative trauma industrial injury from April, 2011 through October, 2013. She has reported throbbing and achy right knee pain, achy, shooting, intermittent, stabbing right elbow and forearm pain as well as throbbing, achy right wrist, hand and thumb pain and was diagnosed with cervical spine myofascial pain syndrome with minor degenerative disc disease, thoracic spine myofascial pain syndrome with minor degenerative disc disease, right shoulder, elbow and forearm tendinitis symptoms, right wrist and thumb tendinitis/tenosynovitis symptoms and right knee mild chondromalacia patella. Treatment to date has included diagnostic studies, radiographic imaging, steroid injection of the knee, pain medications, splints and modified work duties. Currently, the IW complains of throbbing and achy right knee pain, achy, shooting, intermittent, stabbing right elbow and forearm pain as well as throbbing, achy right wrist, hand and thumb pain. The IW reported working as a sales clerk since 2008. Normal job duties included stooping, twisting and lifting. She reported pain in the right knee in 2010, and received a steroid injection. She reported some relief and continued to work. In 2011, after continued complaints of pain, she was transferred to a cashier position. Shortly after, she developed right wrist and, thumb and hand pain. The treatment was anti-inflammatories and ice/heat packs. In 2013, she reported worsened right upper extremity pain with radiating pain to the right shoulder and neck. In October of 2013, she was made total temporary disability status and did not return to work. She continued to have complaints and was evaluated by an orthopedic surgeon and was treated with pain medication and a brace. Following x-rays and diagnostic studies in June of 2014, pain medications and a

splint was ordered. She reported no significant pain relief with the medication however reported some relief with the right wrist support. On July 16, 2014, magnetic resonance imaging revealed slight cervical 3-4 and 5-6, right sided disc protrusions and otherwise normal. On November 25, 2014, evaluation revealed continued pain. A wrist brace and physical therapy was requested. On December 16, 2014, Utilization Review non-certified requests for a right wrist brace and 12 units of physical therapy on the right wrist, noting the MTUS guidelines were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of requested right wrist brace and 12 units of right wrist physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient presents with pain in right wrist, hand, elbow and shoulder, rated at 6-9/10, as per progress report dated 11/25/14. The request is for RIGHT WRIST BRACE PURCHASE. There is no RFA for this request, and the patient's date of injury is 06/01/13. The patient also complains of neck pain in the report dated 11/25/14. Diagnoses, as per the same report, includes cervical myospasm, cervical spine sprain/strain, right shoulder impingement syndrome, right lateral epicondylitis, and right wrist sprain/strain. MRI of the right wrist, dated 07/16/14, reveals single focus of fibrovascular marrow reactive change, osteosclerosis, and mild negative ulnar variance. The patient is temporarily totally disabled. The ACOEM Guidelines page 265 states: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity. In this case, the patient suffers from chronic right wrist pain. Physical examination, as per report dated 11/25/14, reveals tenderness over the lateral epicondyle along with restricted and painful range of motion. The treater request for right wrist brace in the same report but does not discuss the reason for this request. ACOEM guidelines allow for use of wrist braces in patients with carpal tunnel syndrome. However, there is no such diagnosis in this case. There is no indication of instability as well. Hence, the request for right wrist brace IS NOT medically necessary.

Physical therapy 3x4 for the wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: The patient presents with pain in right wrist, hand, elbow and shoulder, rated at 6-9/10, as per progress report dated 11/25/14. The request is for PHYSICAL THERAPY 3 X 4 FOR THE WRIST. There is no RFA for this request, and the patient's date of injury is 06/01/13. The patient also complains of neck pain in the report dated 11/25/14. Diagnoses, as per the same report, include cervical myospasm, cervical spine sprain/strain, right shoulder impingement syndrome, right lateral epicondylitis, and right wrist sprain/strain. MRI of the right wrist, dated 07/16/14, reveals single focus of fibrovascular marrow reactive change, osteosclerosis, and mild negative ulnar variance. The patient is temporarily totally disabled. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient suffers from chronic wrist pain and has been diagnosed with right wrist sprain/strain. In progress report dated 11/25/14, the treater requests for 12 sessions of physical therapy to right wrist to evaluate and treat. The same report states that the patient has received 25 sessions of physical therapy but does not document the body part and the date of the treatment. Additionally, MTUS only allows for 8 - 10 sessions of PT in non-operative cases. Hence, the treater's request for 12 sessions appears excessive and IS NOT medically necessary.