

<b>Case Number:</b>	CM15-0115108		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 is a 60 year old male patient who sustained an industrial injury on 04/17/2013. On 07/17/2014 the patient underwent electrodiagnostic nerve conduction study which found the following abnormal results: entrapment neuropathy of the median nerve at the right wrist with mild to moderate slowing of nerve conduction velocity; entrapment neuropathy of the ulnar nerve across the right elbow with very mild slowing of nerve conduction velocity; and no evidence of entrapment neuropathy on right. An MRI taken on 07/11/2014 showed minimal tenosynovitis of the second and fourth extensor compartment tendons; there is also a ganglion cyst noted along the dorsal aspect of the hamate; small amount of joint effusion and synovitis and minimal ulnar negative variance is present; full thickness perforation is suspect. A primary treating visit dated 09/03/2014 reported the patient utilizing a transcutaneous nerve stimulator unit, attending a course of physical therapy, wearing a wrist brace and taking medications Tramadol and Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treatment for the head, neck, back and bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper  
Back, Occupational Disorders of the Neck and Upper Back, Treatment planning.

**Decision rationale:** Treatment of disorders of the neck and upper back is dependent on the presence of neurologic findings. Usual treatment includes decreased activity, heat/ice, stretching exercises, and analgesics. Imaging is indicated in cases where there are neurologic findings and there is no improvement 3-4 days. In this case documentation in the medical record does not support the presence of disorder of the head, neck, back or bilateral shoulders. In addition he requested treatment for head, neck, back or bilateral shoulders is not specified. The lack of documentation does not allow for determination of efficacy or safety. The request should not be authorized. The request is not medically necessary.

**Treatment for the sleep disturbances, headaches and pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia.

**Decision rationale:** Insomnia treatment should be based on etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. In this case the requested treatment for sleep disturbance is not specified. The lack of documentation does not allow for determination of efficacy or safety. The request should not be authorized. The request is not medically necessary.

**Treatment for the bilateral hands and fingers:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 1.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and  
Hand Complaints Page(s): 263-266.

**Decision rationale:** Treatment of hand and finger disorders includes analgesics, day splinting, stretching exercises, and intraarticular steroid injections. In this case documentation in the medical record does not support the presence of disorder of bilateral hands or fingers. In addition he requested treatment for head, neck, back or bilateral shoulders is not specified. The lack of documentation does not allow for determination of efficacy or safety. The request should not be authorized. Therefore the request is not medically necessary.

**Treatment for the left thumb, left wrist and left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 1.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders  
(Revised 2007) Page(s): 15.

**Decision rationale:** Treatment of elbow, wrist disorders includes splinting, activity restriction, physical therapy, and analgesics. In this case documentation in the medical record does not support the presence of disorder of the left thumb, wrist or elbow. In addition he requested treatment for head, neck, back or bilateral shoulders is not specified. The lack of documentation does not allow for determination of efficacy or safety. The request should not be authorized. Therefore the request is not medically necessary.