

Case Number:	CM15-0115358		
Date Assigned:	06/23/2015	Date of Injury:	08/15/2013
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 8/15/2013. Diagnoses include status post carpal tunnel syndrome bilateral hands, cervical sprain/strain and right thumb sprain/strain. Treatment to date has included surgical intervention (right and left carpal tunnel releases, 2013 and 2014), medications including Norco, NSAIDs, Prilosec, Baclofen and Lidoderm, modified work, physical therapy and acupuncture. Per the Primary Treating Physician's Progress Report dated 5/21/2015, the injured worker reported cervical, bilateral wrist and right thumb discomfort. She reports the intensity of pain in the right hand as 10/10, 6/10 on the left and 0/10 in the cervical. Physical examination revealed pain and tenderness to the upper to mid cervical and mid to lower cervical. There were moderate muscle spasms in the right side of the neck, left side of the neck, posterior neck, right posterior hand, right posterior wrist, left posterior hand, left posterior wrist, left anterior hand, left anterior wrist, left anterior wrist, right anterior wrist and right anterior hand. The plan of care included diagnostics, medications and laser therapy and authorization was requested for Ibuprofen 800mg, magnetic resonance imaging (MRI) left and right hands and low level laser therapy x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hand MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand.

Decision rationale: Regarding the request for MRI of right hand, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The guidelines support MRI of the hand if there is a suspected fracture or a disease as a result of trauma when the plain radiographic shows normal findings. Within the documentation available for review, there is significant pain and reduced function of the right hand. However, there is no exam findings suggest any red flag symptoms, or any other indication of a condition for which an MRI is supported. Furthermore, it is unclear if the patient has had a plain radiograph of the right hand yet. As such, the currently requested MRI of right hand is not medically necessary.

Left Hand MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand.

Decision rationale: Regarding the request for MRI of left hand, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The guidelines support MRI of the hand if there is a suspected fracture or a disease as a result of trauma when the plain radiographic shows normal findings. Within the documentation available for review, there is significant pain and reduced function of the left hand. However, there is no exam findings suggest any red flag symptoms, or any other indication of a condition for which an MRI is supported. Furthermore, it is unclear if the patient has had a plain radiograph of the left hand yet. As such, the currently requested MRI of left hand is not medically necessary.

Low Level Laser Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser Therapy Page(s): 57.

Decision rationale: Regarding the use of infrared devices. Chronic Pain Medical Treatment guidelines state that low level laser therapy such as red beam or near infrared therapy is not recommended. Guidelines indicate that there is insufficient evidence to support the use of this

modality in the treatment of chronic pain. Within the documentation available for review, no peer-reviewed scientific literature has been provided which would overrule the guidelines recommendations. As such, the currently requested infrared device for the right hand is not medically necessary.