

Case Number:	CM15-0174089		
Date Assigned:	09/15/2015	Date of Injury:	05/17/2015
Decision Date:	10/22/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/03/2015

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 is a 54 year old female, who sustained an industrial injury on May 17, 2015. She reported dizziness along with numbness and weakness in her hands. The injured worker was diagnosed as having right carpal tunnel syndrome, left carpal tunnel syndrome, left strain shoulder and upper arm, right strain shoulder and upper arm and cervical strain. Treatment to date has included heat, rest, cold application, brace, exercise, medication and hand therapy sessions with "temporary relief." On July 22, 2015, the injured worker complained of left upper extremity and right upper extremity pain. The pain was rated as a 9 on a 1-10 pain scale. The pain was characterized as burning, dull, sharp, shooting and throbbing. The pain radiated to the neck, left shoulder, right shoulder, left arm and right arm along with numbness, tingling and weakness. The pain is aggravated by doing excessive work, driving, grasping, gripping, lifting, pulling, pushing and reaching. Her quality of sleep was noted to be poor. The injured worker was noted to meet the criteria for chronic pain syndrome. She reported loss of function that had persisted beyond three months. Her current physical capacity was noted to be insufficient to pursue work, family or recreational needs. As a result of her chronic pain, she was noted to develop psychosocial sequelae that have limited her function and recovery, including anxiety, fear-avoidance, depression and sleep disorders. The treatment plan included six sessions of occupational therapy for her right wrist, six sessions of acupuncture for her bilateral wrists, psychological evaluations and treatment, MRI of the right shoulder, Interspec IF II interferential unit and modified work duty. On August 7, 2015, utilization review denied a request for psychological evaluation (bilateral carpal tunnel syndrome, chronic pain syndrome), occupational therapy once per week for six weeks (right wrist) and Interspec IF II interferential unit and supplies (rental or purchase).

A request for acupuncture sessions once per week for six weeks (bilateral wrists) and MRI of the right shoulder without contrast was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation (bilateral carpal tunnel syndrome, chronic pain syndrome):

Overtured

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: The 54 year old patient complains of bilateral upper extremity pain, rated at 9/10, radiating to bilateral neck, bilateral shoulders, and bilateral arms, as per progress report dated 07/22/15. The request is for Psychological evaluation (bilateral carpal tunnel syndrome, chronic pain syndrome). The RFA for this case is dated 08/03/15, and the patient's date of injury is 05/17/15. Diagnoses, as per progress report dated 07/22/15, included carpal tunnel syndrome, pain in shoulder joint, pain in hand joint, pain in upper arm joint, cervicgia, and brachial neuritis or radiculitis. Medications include Flexeril, Lyrica and Naproxen. Diagnoses, as per progress report dated 07/17/15, included right greater than left cervical myofascial strain, cervical neck pain, paraesthesias, and possible neural foraminal narrowing of right cervical spine. The patient has been allowed to work with restrictions, as per progress report dated 07/22/15. MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Intervention section, page 23 states the following: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient has poor quality of sleep and has difficulty performing certain everyday activities such as yard work and participating in recreational activities, as per progress report dated 07/22/15. The patient has not had any prior psychological evaluations or treatments, as per the same progress report. In progress report dated 07/22/15, the treater states "patient has developed psychosocial sequelae that have limited her function and recovery after the initial incident, including anxiety, fear-avoidance, depression and sleep disorders." The treater believes that these issues are due to the patient's chronic pain and is requesting for psychological evaluation to "improve patient's coping ability, increase her knowledge regarding the self-management of pain, determining appropriateness of further psychological treatment, conceptualizing the patient's pain beliefs, and assessing psychological and cognitive function." The treater hopes it will help patient regain function and employment. Given that patient's psychological issues and chronic pain, an evaluation appears reasonable and is supported by the guidelines. Hence, the request is medically necessary.

Occupational therapy once per week for 6 weeks (right wrist): Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 54 year old patient complains of bilateral upper extremity pain, rated at 9/10, radiating to bilateral neck, bilateral shoulders, and bilateral arms, as per progress report dated 07/22/15. The request is for Occupational therapy once per week for 6 weeks (right wrist). The RFA for this case is dated 08/03/15, and the patient's date of injury is 05/17/15. Diagnoses, as per progress report dated 07/22/15, included carpal tunnel syndrome, pain in shoulder joint, pain in hand joint, pain in upper arm joint, cervicgia, and brachial neuritis or radiculitis. Medications include Flexeril, Lyrica and Naproxen. Diagnoses, as per progress report dated 07/17/15, included right greater than left cervical myofascial strain, cervical neck pain, paraesthesias, and possible neural foraminal narrowing of right cervical spine. The patient has been allowed to work with restrictions, as per progress report dated 07/22/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient has received some physical therapy in the past. As per progress report dated 07/22/15, the patient completed 5 out of 6 authorized sessions of hand therapy with "temporary relief". The physical therapist provided home exercise regimen, as per progress report dated 07/17/15. In progress report dated 07/22/15, the treater states that the patient "will benefit from 6 sessions of occupational therapy for her right wrist." As per the report, additional sessions will be requested if there is "evidence of functional improvement". The patient does have some difficulty "working, doing yard work, and participating in recreational activities", and may benefit from occupational therapy. There is no indication that the patient has trialed this treatment modality in the past. MTUS also allows for 8-10 sessions in non-operative cases. Hence, the request for 6 sessions appears reasonable and is medically necessary.

Interspec IF II interferential unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The 54 year old patient complains of bilateral upper extremity pain, rated at 9/10, radiating to bilateral neck, bilateral shoulders, and bilateral arms, as per progress report dated 07/22/15. The request is for Interspec IF II interferential unit and supplies. The RFA for this case is dated 08/03/15, and the patient's date of injury is 05/17/15. Diagnoses, as per progress report dated 07/22/15, included carpal tunnel syndrome, pain in shoulder joint, pain in

hand joint, pain in upper arm joint, cervicalgia, and brachial neuritis or radiculitis. Medications include Flexeril, Lyrica and Naproxen. Diagnoses, as per progress report dated 07/17/15, included right greater than left cervical myofascial strain, cervical neck pain, paraesthesias, and possible neural foraminal narrowing of right cervical spine. The patient has been allowed to work with restrictions, as per progress report dated 07/22/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, Transcutaneous electrotherapy section, pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "While not recommended as an isolated intervention, Patient selection criteria IF Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." In this case, the request for the interferential unit is noted in progress report dated 07/22/15. As per the same report, hand therapy and application of heat and cold has provided "moderate relief". The patient is taking medications Flexeril, Lyrica and Naproxen, and there is no indication that the pain is ineffectively controlled due to them. It is not clear whether the current request is for rental or purchase. There is no documentation of a successful 30 day trial either. Hence, the request is not medically necessary.