

Case Number:	CM15-0070632		
Date Assigned:	04/20/2015	Date of Injury:	08/08/2013
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 23-year-old who has filed a claim for chronic wrist, hand, and thumb pain reportedly associated with an industrial injury of August 8, 2013. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of left upper extremity and 10 sessions of occupational therapy for the wrist. The claims administrator did reference the applicant having had earlier negative electrodiagnostic testing of the bilateral upper extremities dated October 27, 2015. The claims administrator stated that the applicant had completed 12 weekly sessions of occupational therapy/physical therapy, the results of which were unknown. The applicant's attorney subsequently appealed. In a handwritten note dated May 12, 2015, the applicant was given diagnosis of a left wrist keloid. The applicant was returned to regular duty work. A healed wrist scar was noted. The note was very difficult to follow. In a work status report dated March 12, 2015, the claimant was returned to regular duty work with a rather proscriptive limitation of "no left hand use". Little to no narrative commentary accompanied the work status slip. In a work status report dated February 3, 2015, the applicant was given a 20-pound lifting limitation. Little to no narrative commentary was attached. The applicant was in the process of transferring care to another provider, it was reported. There was no mention made of the need for electrodiagnostic testing or occupational therapy/physical therapy. The remainder of the file was surveyed. Overall information furnished was sparse. It did not appear, however, that the March 12, 2015 progress note which the claims administrator based his decision upon had been incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS for the Left Upper Extremities, Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disabilities Guidelines (Neck and Upper Back).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: No, the request for nerve conduction testing of the left upper extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in evaluation of the applicant without symptoms is deemed "not recommended." Here, the information on file was thinly and sparsely developed. There was no mention of the applicant's having issues with left upper extremity paresthesias on work status reports of February 5, 2015 or March 12, 2015. Likewise, a progress note of May 12, 2014 contains no references that the applicant is experiencing any issues with left upper extremity paresthesias. While it is acknowledged that the March 12, 2015 progress note seemingly made available to the claims administrator was not incorporated into the independent medical review packet, the information on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Occupational Therapy two times a week for Five weeks for the Left Wrist/Hand Quantity: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99.

Decision rationale: Similarly, the request for 10 sessions of occupational therapy for the wrist and hand is likewise, not medically necessary, medically appropriate, or indicated here. The applicant had had recent treatment (12 sessions, per the claims administrator) in late 2014-2015, seemingly in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the diagnosis reportedly present here. This recommendation, furthermore, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of function was necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon attending

provider to furnish a prescription for therapy which "clearly states treatment goals." Here, clear treatment goals were not furnished. The applicant's response to earlier treatment was unknown but did not appear to have been altogether favorable, given the fact that the attending provider seemingly renewed work restrictions from visit to visit. Clear goals for further treatment, going forward, were not articulated. The March 12, 2015 progress note which the claims administrator based his decision upon was not incorporated into the IMR packet. The information on file, however, failed to support or substantiates the request. Therefore, the request is not medically necessary.