

Case Number:	CM15-0096527		
Date Assigned:	05/26/2015	Date of Injury:	01/29/2015
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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 62 year old female, who sustained an industrial injury on January 29, 2015. She reported a cumulative trauma injury with the gradual onset of pain in her hands, shoulders, and neck. The injured worker was diagnosed as having cervical spondylosis without myelopathy, carpal tunnel release (median nerve entrapment at the wrists), tendinitis/bursitis of the hands and wrists, and tendinitis/bursitis of the shoulders. Diagnostic studies to date have included x-rays, electromyography and a nerve conduction study. Treatment to date has included bilateral wrist braces. On April 9, 2015, the injured worker complains of constant, moderate cervical spine and bilateral shoulder pain. She complains of constant, moderate pain of the bilateral wrists and hands, which was described as burning and inflamed. The physical exam revealed +3 spasm and tenderness of the bilateral cervical paraspinal muscles from cervical 2-cervical 7, and bilateral occipital muscles, decreased and painful range of motion, decreased reflexes of the right upper extremity, and the bilateral cervical sensory and muscle testing were within normal limits. The bilateral shoulder exam revealed a trigger point in the upper shoulder muscles and decreased and painful range of motion. The bilateral wrist and hand exam revealed +3 spasm and tenderness of the bilateral anterior wrists, posterior extensor tendons, and thenar eminences. There was decreased and painful range of motion. The Jamar dynamometer reading for the right wrist = 4/2/0 and the left wrist = 0/2/0. The injured worker was right hand dominant. The treatment plan includes a follow up visit with range of motion measurement and addressing activities of daily living; qualified functional capacity evaluation; physical medicine 3 x 4 weeks to the bilateral wrists (electrical muscle stimulation, massage, therapeutic activities); electrical

muscle stimulation to the cervical spine; infrared to the cervical spine and bilateral shoulders; paraffin to the bilateral hands; chiropractic manipulative therapy to the cervical spine; and massage to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with range of motion measurement and addressing ADLs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management, page 89.

Decision rationale: Regarding the request for range of motion and muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion and muscle testing is not medically necessary.

Physical Medicine 3x4 weeks to the bilateral wrists (Electrical muscle stimulation, massage, therapeutic activities): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy for carpal tunnel syndrome, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that the patient has not had any formal physical therapy but was taught home exercise program by the provider on a progress note dated 4/9/15. It is unclear why physical therapy is ordered at this

time as there was documentation of inability to perform home based exercise program. Furthermore, the request exceeds the amount of PT recommended for carpal tunnel syndrome, and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.

Qualified Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.