

Case Number:	CM15-0099371		
Date Assigned:	06/01/2015	Date of Injury:	07/01/2012
Decision Date:	07/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/22/2015

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 34-year-old female, who sustained an industrial injury on 7/1/12. The diagnoses have included cervical spine sprain, repetitive use syndrome of the left upper extremity, and lumbar spine sprain. Treatment to date has included medications, physical therapy, bracing and conservative care. Currently, as per the physician progress note dated 2/3/15, the injured worker complains of cervical spine pain and lumbar spine pain on and off with radiation of pain down both arms to hands and rated 4/10 on pain scale and left wrist pain on and off and rated 4.5/10 on pain scale. The objective findings reveal tenderness to palpation of the cervical spine, positive straight leg raise bilaterally and pain with lumbar range of motion. The progress note dated 1/6/15 notes in the objective findings that there is tenderness to palpation in the bilateral wrists and elbows with numbness and tingling and positive Tinel's sign. The progress note dated 4/14/15 notes left hand/wrist constant pain rated 6.5/10 with on and off numbness. The objective findings reveal positive Tinel's sign on palpation of cubital tunnel. The treatment plan was to continue with physical therapy, continue modified work duty and wrist widget brace for left wrist as hers has worn out. The current medications were not noted. There was no diagnostic reports noted in the records and there was no previous therapy sessions noted in the records. The physician requested treatments included 8 physical therapy sessions to cervical spine/Lumbar -spine/bilateral upper extremities and 1 wrist widget strap left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions to C-spine/L-spine/BUE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 04/14/2015 report, this patient presents with a 4/10 on/off neck pain and 4.5/10 constant low back pain. The current request is for 8 physical therapy sessions to C-spine/L-spine/BUE. The Utilization Review denial letter state "the patient had completed 6 sessions of physical therapy with dates of service between 03/31/2015 and 04/16/2015" and modified the request to 4 sessions. The request for authorization is not included in the file for review. The patient's work status is return to modified work on 04/14/2015 with restriction. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records show no documentation that the patient is in a post-operative time frame regarding physical therapy for the cervical and lumbar spine. The provided reports do not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 8 sessions combines with the 6 previous sessions completed per UR exceed what is allowed by MTUS. Therefore, the current request IS NOT medically necessary.

1 wrist widget strap L UE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official disability guidelines Wrist Chapter, Splinting.

Decision rationale: According to the 04/14/2015 report, this patient presents with a 4/10 on/off neck pain, 4 /10 constant low back pain, and 6 /10 constant left wrist pain. The current request is for a replacement of 1 wrist widget strap LUE as "hers has worn out." The request for authorization is not included in the file for review. The patient's work status is return to modified work on 04/14/2015 with restriction. Regarding wrist brace, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." ODG, Wrist Chapter, Splinting, states, "Recommend splinting of wrist in neutral

position at night & day prn, as an option in conservative treatment." Based on the provided reports from 01/06/2015 to 04/14/2015, the treating physician indicates that the patient has "repetitive use syndrome of the left upper extremities." Tinel's test was positive. ACOEM guidelines allow for use of wrist braces in patients with carpal tunnel syndrome. In this case, the requested wrist strap is supported by the guidelines. The request IS medically necessary.