

<b>Case Number:</b>	CM13-0014212		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 26-year-old female who reported an injury on 04/23/2013. The patient is currently diagnosed with unspecified derangement of a joint in the hand, unspecified derangement of a joint in the forearm, and sprain/strain of the wrist. The patient was seen by [REDACTED] on 07/29/2013. The patient presented with complaints of 10/10 right wrist pain with radiation into the hand and fingers. Physical examination revealed tenderness to palpation over the volar aspect of the right wrist at the extensor compartment and over the right distal radius, positive median compression testing on the right, positive Tinel's carpal tunnel testing on the right, and grade 4 weakness noted in all represented muscle groups in the right wrist. Treatment recommendations included 2 compounded creams, prescriptions for Omeprazole, Ultracet, and ibuprofen, MRI studies and radiographs of the right wrist, an EMG/NCV study of bilateral upper extremities, a course of physical therapy, acupuncture treatment, a Functional Capacity Assessment, a dual electric stimulator TENS/EMS unit, a wrist brace, and a urine toxicology test to monitor medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right wrist:** Upheld

**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): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative treatment. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation with positive compression testing and Tinel's testing, as well as grade IV muscle weakness. There was no documentation of an acute hand or wrist trauma with suspicion for a fracture, gamekeeper injury, soft tissue tumor, or Kienbock's disease. There were also no plain films obtained prior to the request for an imaging study. There is no documentation of a recent failure to respond to conservative treatment prior to the request for an MRI. Based on the clinical information received, the request is non-certified.

**EMG of the right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient demonstrated positive compression testing and Tinel's testing with grade 4 weakness and tenderness to palpation on the requesting date of 07/29/2013. There is no documentation of neck complaints or a physical examination of the cervical spine. The current request is for an electrodiagnostic study of bilateral upper extremities to rule out radiculopathy. However, there was no documentation of abnormal neurologic findings or signs and symptoms of radiculopathy upon physical examination. Therefore, the current request is non-certified.

**NCV of the right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks.

As per the documentation submitted, the patient demonstrated positive compression testing and Tinell's testing with grade 4 weakness and tenderness to palpation on the requesting date of 07/29/2013. There is no documentation of neck complaints or a physical examination of the cervical spine. The current request is for an electrodiagnostic study of bilateral upper extremities to rule out radiculopathy. However, there was no documentation of abnormal neurologic findings or signs and symptoms of radiculopathy upon physical examination. Therefore, the current request is non-certified

**functional capacity evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examination when re-assessing function and functional recovery. As per the documentation submitted, there is no evidence of any prior unsuccessful return to work attempts. There is also no evidence that this patient has reached or is close to maximum medical improvement. There is no evidence of a defined return to work goal or job plan which has been established, communicated, and documented. Based on the clinical information received, the request is non-certified.

**Twelve physical therapy visits:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. Official Disability Guidelines state treatment for a sprain and strain of the wrist and hand includes 9 visits over 8 weeks. As per the clinical documentation submitted, the patient was previously evaluated and started on a formal course of physical therapy and return to work without restrictions. Documentation of the previous course of physical therapy with total treatment duration and treatment efficacy was not provided for review. There was no documentation of a significant functional improvement. Additionally, the current request for physical therapy x12 sessions exceeds guideline recommendations for a total duration of treatment. Based on the clinical information received, the request is non-certified.

**Twelve months rental of a TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence that other appropriate pain modalities have been tried and failed. There was also no documentation of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Additionally, there is no recommendation for transcutaneous electrical nerve stimulation for the forearm, wrist, or hand. Based on the clinical information received, the request is non-certified.

**Compound cream (Capsaicin 0.025%/Flurbiprofen 30%/Menthol Salicylate 4% 240 gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient does demonstrate positive median compression testing and positive Tinel's testing. However, there is no documentation of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

**Compound cream Flurbiprofen 20%/Tramadol 20% 240 gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient does demonstrate positive median compression testing and positive Tinel's testing. However, there is no documentation of a failure

to respond to first-line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

**X-ray of the right wrist:** Upheld

**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): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. As per the documentation submitted, the patient has previously undergone x-rays of the right wrist on 04/25/2013. There is no documentation of a significant change in the patient's symptoms, or a failure to respond to 4 to 6 weeks of conservative treatment and observation that would warrant the need for repeat x-rays. The medical necessity has not been established. As such, the request is non-certified.

**brace for the right wrist:** Upheld

**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): 265-266.

**Decision rationale:** The California MTUS/ACOEM Practice guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending on activity. As per the clinical documentation submitted, the patient has previously utilized a wrist brace. The patient's physical examination only reveals positive compression testing with positive carpal tunnel testing, and tenderness to palpation. There was no documentation of instability or laxity. The medical necessity has not been established. Therefore, the request is non-certified.

**Chiropractic visits weekly for six (6) weeks (QTY 6):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the

forearm, wrist, and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.