

<b>Case Number:</b>	CM13-0024069		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Orthopaedic Surgery, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California. 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 32-year-old female who reported injury on 07/09/2012 with a mechanism of injury being the patient lifted a mattress. The patient's physical examination revealed she had a Tinel sign that was positive on the left. Other testing was noted to be negative. The patient was noted to have no tenderness or swelling bilaterally. The patient's sensation was noted to be normal. The patient's bilateral hands were noted to have full motion and full strength. The functional testing, including the grind test and 2-point discrimination test were negative bilaterally. The patient was noted to have full strength and tone bilaterally in the first dorsal interossei. The patient was noted to have a Depo-Medrol injection. The patient's diagnoses were noted to include carpal tunnel syndrome, lesion of the ulnar nerve, pain in joint, hand, brachial neuritis/radiculitis NOS, sprain and strain unspecified site, elbow and forearm, sprains and strains of wrist and hand. There was noted to be a request for a wrist rehabilitation kit and a urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wrist rehabilitation kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

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

**Decision rationale:** California MTUS Guidelines recommend passive therapy and active therapy to help control swelling, pain and inflammation during the rehabilitation process. However, it does not address a wrist home exercise kit. The patient's physical examination revealed that she had a normal range of motion and a lack of swelling. Clinical documentation, failed to indicate what was included in the wrist home exercise kit. Given the above and the lack of documentation, the request for wrist rehabilitation kit is not medically necessary.

**Urine analysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioid Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS indicates that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The patient was noted to have a urine drug screen on 05/29/2013 that was consistent with prescribed medications and again on 07/15/2013 with the same results of consistent with prescribed medications. There was a lack of documentation indicating the necessity for a repeat urine drug screen as there was lack of documentation indicating the patient had aberrant drug-taking behavior, addiction or pain control. The request for a Urine Analysis is not medically necessary.