

<b>Case Number:</b>	CM13-0031523		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Family Practice 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 31 year old female who reported an injury on 04/12/2012. The mechanism of injury was heavy pressure on her supinated hand. The resulting diagnosis was right wrist disruption. She has received physical therapy, MRI of the upper extremity, a preoperative EMG with normal results, and a right wrist arthroscopy with mid carpal and ulnar carpal synovectomy, and distal radial ulnar joint reconstruction on 11/30/2012. The patient then received 24 post-operative physical therapy sessions as well as 10 sessions in a work hardening program and is unable to lift greater than 5 pounds. She is noted to be constantly using a right wrist brace and has continued pain to the injured area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 weeks, right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260.

**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).

**Decision rationale:** The California MTUS Guidelines recommend physical therapy for myalgia and neuritis up to 10 visits. The patient has no neurologic or radicular symptoms and has a normal EMG to the upper extremities. The clinical notes stated that the patient has received 24 visits post-operatively as well as 10 visits of work hardening. It is also noted that from June to July of 2013 she received over 12 sessions of additional physical therapy, but no notes are available for review. It is reasonable to expect the patient to continue with a self-directed home exercise program at this point. Therefore, the request for physical therapy 2 x 6 is non-certified.

**Magnetic resonance imaging (MRI) arthrogram of the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist & Hand, MRI.

**Decision rationale:** The CA MTUS/ACOEM guidelines state special studies are not needed until after a 4-6 week period of conservative care and observation. Official Disability Guidelines recommends MRI of the wrist for chronic pain if the patient meets certain criteria. The criteria include acute trauma with suspected fracture, acute trauma with suspected gatekeeper injury, chronic wrist pain with suspected tumor, or chronic wrist pain with suspected Keinbock's disease. Repeat MRI is not recommended unless there is a significant change in symptoms or a significant pathology. MRI with arthrography is generally used only to diagnose ligamentous tears. The patient has already received MRI of the right wrist and there is no documentation to suggest a significant change in symptoms or suspicion of a significant pathology. As such, the request for MRI arthrogram is non-certified.

**Nerve conduction study (NCS) for bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260.

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

**Decision rationale:** California MTUS/ ACOEM does not recommend use of nerve conduction studies in diagnostic evaluation of nerve entrapment or screening without corresponding symptoms. There is no objective documentation indicating a nerve entrapment, to include burning, numbness, tingling, relief with change of positions, or night time worsening of symptoms. Therefore, the request for a nerve conduction study to the bilateral wrists is non-certified.