

<b>Case Number:</b>	CM13-0064710		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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/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 57-year-old male who reported an injury on October 30, 2012. The mechanism of injury was cumulative trauma related to the performance of job duties, exacerbated by a fall. The patient's initial course of treatment is unclear; however, it is known that he has received multiple courses of physical therapy, chiropractic, massage, and medication management. The patient's most current diagnoses include right wrist sprain/strain and right elbow sprain/strain. The patient has received multiple MRIs to date, including an MRI of the right hand on January 29, 2013 that revealed mild osteonecrosis of the capitate bone, changes compatible with a previous fracture of the radius, and tendonitis of the medial flexor tendon. An updated MRI of the right hand dated September 29, 2013 revealed an unremarkable study. An MRI of the right wrist performed on the same date, September 29, 2013 revealed a subchondral cyst formation within the lunate, triquetrum, and capitate. The patient reports that since the development of his injury, he has experienced difficulty with sleep and anxiety, for which he was referred for treatment. Despite multiple conservative interventions, the patient's pain complaints had failed to resolve. He was recently referred for extra corporeal shockwave therapy with an unknown benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluations.

**Decision rationale:** Although the California MTUS/ACOEM Guidelines state that Functional Capacity Evaluations can be used to determine a patient's readiness to return to work, it does not provide criteria for when this should be implemented. Therefore, the Official Disability Guidelines were supplemented. The ODG states that Functional Capacity Evaluations should be considered when the patient's prior return to work attempts have been unsuccessful, there is conflicting medical reports on precautions or fitness for modified job duties, if there are injuries that require a detailed exploration of a worker's abilities, if the patient is close or at MMI, and after additional or secondary conditions have been clarified. Guidelines do not recommend Functional Capacity Evaluations if the sole purpose is to determine a worker's effort or compliance. Guidelines also state that FCEs are not recommended for routine use as part of occupational rehab or screening, nor are they generic assessments to determine whether someone can perform any type of general job. As the patient continues to be prescribed conservative treatment interventions, is not at maximum medical improvement, is currently unemployed and there was no discussion regarding future employment, a Functional Capacity Evaluation is not appropriate at this time. As such, the request is not medically necessary.

**VOLTAGE ACUTED SENSORY NERVE CONDUCTION FOR BOTH WRISTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262, 272.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend nerve conduction studies to help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The clinical information submitted for review did provide evidence that the patient was experiencing subjective numbness and tingling; however, there was little objective evidence to suggest either cervical involvement or carpal tunnel pathology. The patient was noted to have slightly diminished sensation to the C5, C6, C7, C8, and T1 dermatomes of the right upper extremity; however, motor strength and reflexes were full and intact throughout. There were also no positive orthopedic tests indicating a carpal tunnel syndrome or a cervical pathology. In addition, the guidelines do not recommend the routine use of nerve conduction velocity (NCV) or electromyogram (EMG) in diagnostic evaluation of nerve entrapment, or screening in patients without corresponding symptoms. As the patient's clinical presentation does not indicate cervical or carpal tunnel pathology, the treatment is not indicated at this time and the request is not medically necessary.

**AN X-RAY OF THE RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend imaging in patients whose symptoms have persisted beyond 6 weeks. X-rays in particular, are useful in identifying ganglia or infections. However, the patient has recent history of multiple MRIs of the right hand and wrist that were found to be unremarkable. Guidelines state that MRIs are also effective in identifying the same pathologies as x-rays and therefore, an x-ray at this point in time would be a repeat intervention. As the patient has had numerous imaging studies to date, there is no indication that a repeat x-ray would be useful. As such, the request for one x-ray of the right wrist between 09/04/2013 and 01/06/2014 is non-certified is not medically necessary

**MAGNETIC RESONANCE IMAGING (MRI) OF BOTH WRISTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend imaging studies for patients whose symptoms have persisted beyond 6 weeks. As the patient has been attempting to manage his right wrist pain conservatively for approximately 1 year without success, an MRI of the right wrist would be reasonable. However, the clinical information submitted for review did not provide any evidence that the patient had any complaints of left wrist discomfort or dysfunction, and therefore, an MRI of the left wrist is not warranted. As such, the request is not medically necessary.

**ONE (1) WRIST BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Splinting.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address wrist splinting; therefore, the Official Disability Guidelines were supplemented. The ODG recommends wrist splinting in cases of carpal tunnel syndrome. In addition, a recent statistical evaluation identified

factors predicting lack of response to wrist splinting. These factors include being over the age of 50, duration of injury over 10 months, constant paresthesia, stenosing flexor tenosynovitis, and a Phalen's test that is positive in less than 30 seconds. As the patient is over 50 years of age, has an injury duration of over 10 months, has complaints of paresthesias and MRI evidence of flexor tenosynovitis, a splint would not likely provide benefit for his symptoms. In addition, the patient has no diagnosis of carpal tunnel syndrome nor does he have a clinical presentation indicating this pathology. As such, the request is not medically necessary.

**A CONSULTATION FOR MEDICATION AND EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) FOR BOTH WRISTS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**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 physical modalities have no scientifically proven efficacy in treating acute hand, wrist or forearm symptoms. There are no guideline recommendations for the use of extracorporeal shockwave therapy for acute forearm, wrist, and hand complaints. The specific type of consultation and specific type of medications requested were not listed. Based on the clinical information received, the request is not medically necessary.