

Case Number:	CM14-0013051		
Date Assigned:	02/24/2014	Date of Injury:	08/01/2013
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 61-year-old female who has submitted a claim for right wrist contusion, status post right wrist ulnar styloid fracturing with pseudoarthrosis / nonunion, extensor carpi ulnaris tendinitis of the right wrist, right wrist carpal tunnel syndrome, and diabetes mellitus associated with an industrial injury date of August 1, 2013. Medical records from 2013 to 2014 were reviewed. Patient complained of right wrist pain and swelling associated with numbness in the fourth and fifth digits, graded 7 to 8/10 in severity. Physical examination showed swelling and tenderness at the ulnar aspect and ECU tendon of the right wrist. CMC grind test, Tinel's, Phalen's and carpal compression tests were positive; Finkelstein test was negative. Range of motion was limited. Sensation was diminished at the median nerve distribution. Plain film x-rays with right wrist series, dated 11/22/2013, revealed moderate carpometacarpal joint degenerative disease of the right thumb base and periarticular calcifications versus ulnar styloid nonunion in the ulnar styloid region. Mild degenerative changes were seen. MRI of the right wrist, dated 9/23/2013, revealed pseudoarthrosis between the ossicle and ulnar styloid. Fluid was present within the pseudoarthrosis. There was evidence of tenosynovitis of the extensor carpi ulnaris tendon. EMG done on 12/18/2013 revealed right median neuropathy at the wrist consistent with moderate carpal tunnel syndrome. Right ulnar neuropathy at the elbow was present. There was no electrodiagnostic evidence of cervical radiculopathy. Treatment to date has included 9 sessions of chiropractic physiotherapy, use of a wrist splint, and medications. A utilization review from January 9, 2014 denied the requests for x-ray series of the right wrist because guidelines indicate that x-rays are not needed for most true hand and wrist problems until after a 4 to 6 weeks period of conservative care and observation; and denied 8 chiropractic sessions for the right hand because guidelines do not recommend manipulation therapy to the hand. The

request for 8 sessions of paraffin wax for the right wrist was modified into a 6 sessions because guidelines do not support chiropractic manipulation in the treatment of carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY SERIES OF THE RIGHT WRIST - 3 VIEWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, and Hand Chapter, Radiography.

Decision rationale: The CA MTUS does not specifically address radiography of the hands and wrist. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, radiography of the hands and wrist is recommended in cases of acute hand or wrist trauma and chronic wrist pain. In this case, the patient complained of chronic pain in the right hand corroborated by findings of tenderness, restricted range of motion, positive provocative tests, and dysesthesia. Plain film x-rays with right wrist series was accomplished on 1/22/2013 revealing moderate carpometacarpal joint degenerative disease of the right thumb base and periarticular calcifications versus ulnar styloid nonunion in the ulnar styloid region. There was no acute hand or recent wrist trauma noted. There is no compelling indication for a repeat radiographic imaging at this time. Therefore, the request for X-Ray Series of the Right Wrist - 3 Views is not medically necessary.

EIGHT (8) CHIROPRACTIC PHYSIOTHERAPY SESSIONS FOR THE RIGHT HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Manipulation Therapy Page(s): 58-59.

Decision rationale: As is stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is not recommended for carpal tunnel syndrome, forearm, wrist, and hand complaints. In this case, the patient complained of chronic pain in the right hand corroborated by findings of tenderness, restricted range of motion, positive provocative tests, and dysesthesia. Diagnoses included right wrist contusion, status post right wrist ulnar styloid fracturing with pseudoarthrosis / nonunion, extensor carpi ulnaris tendinitis of the right wrist, and right wrist carpal tunnel syndrome. However, the guideline clearly states that manipulation therapy is not recommended for conditions involving the wrist and hand.

Moreover, patient has already completed 9 sessions of chiropractic care to date without noted relief of symptoms. There is no clear indication for certifying additional therapy visits at this time. Therefore, the request for Eight (8) Chiropractic Physiotherapy Sessions for the Right Hand is not medically necessary.

EIGHT (8) SESSIONS OF PARAFFIN WAX FOR THE RIGHT WRIST ALONG WITH CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Forearm, Wrist, & Hand (Acute & Chronic), Paraffin Wax Baths.

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, paraffin wax bath.

Decision rationale: The CA MTUS does not address paraffin wax baths specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Forearm, Wrist, & Hand, paraffin wax bath was used instead. The Official Disability Guidelines state that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care such as exercise. In this case, the patient complained of chronic pain in the right hand corroborated by findings of tenderness, restricted range of motion, positive provocative tests, and dysesthesia. Diagnoses included right wrist contusion, status post right wrist ulnar styloid fracturing with pseudoarthrosis / nonunion, extensor carpi ulnaris tendinitis of the right wrist, and right wrist carpal tunnel syndrome. However, the patient had started paraffin wax treatment for the right wrist on 12/9/2013, 12/23/2013, and 1/9/14 without report of symptom improvement. There is no clear indication for certifying additional visits at this time. Therefore, the request for Eight (8) Sessions of Paraffin Wax for the Right Wrist along with Chiropractic Sessions is not medically necessary.