

<b>Case Number:</b>	CM14-0014800		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Orthopedic 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 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 39-year-old male who has submitted a claim for Tendonitis, Contusion of Wrist, Hand Contusion, Wrist Tend/Burs, and Finger Fracture, associated with an industrial injury date of December 26, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of pain and weakness in the right wrist and hand accompanied by difficulty with lifting, pushing, pulling, gripping, and grasping. He also described numbness, tingling, and weakness in the right wrist and hand. On physical examination, there was decreased range of motion and grip strength over the right wrist. There was tenderness noted over the distal radius and carpal. Treatment to date has included medications and conservative management. Utilization review from January 15, 2014 denied the request for physical therapy 3x a week for 4 weeks, right wrist and right hand, because a rationale for ongoing supervised therapy was not provided; repeat electrodiagnostic studies of the upper extremities because the medical necessity was not apparent; and right wrist and hand MRI without intra-articular contrast because there was no indication of what the results of plain radiographs were and what the status of the MCP joint was.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS RIGHT WRIST AND RIGHT HAND:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical/Occupational Therapy.

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient was diagnosed with hand and wrist contusion. CA MTUS does not specifically address the number of recommended physical therapy sessions for hand/wrist injuries. 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. ODG states that for contusion of the upper limb, a total of 6 physical therapy visits over 3 weeks is recommended. The present request is for 12 therapy sessions, which exceeds the recommended total number of visits. Although physical therapy may be appropriate, the medical records failed to provide a clear rationale as to why 12 sessions were requested. Therefore, the request for PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS RIGHT WRIST AND RIGHT HAND is not medically necessary.

**REPEAT ELECTRODIAGNOSTIC STUDIES OF THE UPPER EXTREMITIES:** 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); Work Loss Data Institute; Corpus Christi, TX; Section: Forearm. Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the ACOEM Practice Guidelines referenced by CA MTUS, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the previous electrodiagnostic studies performed were not included in the records for review. The medical records also failed to provide a clear rationale as to why repeat electrodiagnostic studies are being requested. Therefore, the request for REPEAT ELECTRODIAGNOSTIC STUDIES OF THE UPPER EXTREMITIES is not medically necessary.

**RIGHT WRIST AND HAND MRI WITHOUT INTRA-ARTICULAR CONTRAST.:**  
Upheld

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

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

**Decision rationale:** According to the ACOEM Practice Guidelines referenced by CA MTUS, MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienbck disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; and to diagnose suspected soft-tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. In this case, an appeal dated January 25, 2014 stated that MRI of the right wrist was requested in order to rule out any intraarticular pathology, which may be present and causing the patient's ongoing symptoms despite conservative treatment. However, the medical records failed to identify the presence of any of the above-stated conditions, which may necessitate hand/wrist MRI. Furthermore, previous hand/wrist radiographs were not included in the records for review. There is no clear indication for the requested service at this time. Therefore, the request for RIGHT WRIST AND HAND MRI WITHOUT INTRA-ARTICULAR CONTRAST is not medically necessary.